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# **WELCOME**

**Introduction of Trainer**

**Introduction of Class Participants**

**Housekeeping Details**

**Agenda**

*CAPS Training Agenda*

**I. WELCOME**

- A. Introduction of Trainer and Guest Speakers
- B. Introduction of Class Participants
- C. Housekeeping Details
- D. Agenda

**II. SYSTEM OVERVIEW**

- A. Security
- B. Accessing and exiting the system
  - Explain training database/logon ID's
  - Password Maintenance
- C. Keyboard Functionality
- D. Online Help Resources
  - Help Desk
- E. Screen Functions
  - Fast Path
  - Messages
  - Screen Headings
  - List/Detail concept
- F. Menus

**III. REPORT/REFERRAL**

- A. Searching for/Adding a Person
  - PERS Person Search
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- B. Referral Intake Process
  - RRRL Report/Request List
  - CID1 Centralized Intake Detail 1
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  - RRD1 Report/Request Intake Detail 1
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**IV. CLIENT SETUP**

- A. Initial Setup/Transfers/Security
  - AXED Assignments/Transfers Detail
  - CSLL Caseload List
  - RELL Relationship List
  - RELD Relationship Detail

- B. Building Client History
  - ADDL Address List
  - ADDD Address Detail
  - CLID Client Detail
  - ICWD ICWA Detail
  - SPND Special Needs
  - EDHL Educational History List
  - MEDS Medical Summary
  - MMHD Medical/Mental Health Detail
  - MDTD Medication/Treatment Detail
  - EMPL Employment History

## **V. PROVIDER INFORMATION**

- A. Adding a Non-Licensed/Non-Contracted Provider
  - PROS Provider Search
  - PROL Provider List
  - PROE Provider Entry
  - PROD Provider Detail
  - FSPL Facility Services Provided List
  - PTID Provider Tax Identification Detail
- B. General Provider Details/Information
  - PADL Provider Address List
  - PADD Provider/Facility Address Detail
  - PAKD Provider AKA Detail
  - PIGD Provider Information (General) Detail

## **VI. PERMANENCY PLAN**

- A. Client/Case Assessments and Reviews
  - IARL Initial Assessment and Review List
  - IARD Initial Assessment and Review Detail
- B. Permanency Plan Hearing Information
  - PPHL Permanency Plan Hearing List
  - PPHD Permanency Plan Hearing Detail

## **VII. SERVICES**

- A. Non-Payable Services and Removals
  - SERL Services List
  - SERN Services Detail Non-Payable
  - CREI CPS Removal Eligibility Information
- B. Court Events and Dispositions
  - CRTL Court List
  - CRTD Court Detail

- C. Placements
  - CPHL Client Placement History List
  - PLAD Placement Detail
  - PLSH Placement Status History
  - LICH Placement License History
  - GARD Guardianship Detail
  - ADOD Adoption Detail
- D. Payable Services/Supplemental Justification
  - SERP Services Detail Payable
  - SSJD Supplemental Service Justification
- E. In Home Services
  - SEIH In Home Services
- F. Group Services
  - GRSL Group Services List
- G. Interstate Compacts
  - ICPL Interstate Compact List
  - ICPD Interstate Compact Detail
  - ICAD Interstate Compact Action Detail

## **VIII. MAINTENANCE SCREENS**

- A. Caseload Management and Client/Case History Screens
  - ALER Alerts
  - ACTL Activity List
  - ACTD Activity Detail
  - ACT2 Activity Detail 2
  - AKAD Person Name AKA Detail
  - EVEL Event List
  - SEAL See All Client Screens
  - USMD User Maintenance Detail
  - USML User Maintenance List
  - MIPD Minors in Possession Detail
  - SPTK Supervisory Task List
- B. Notes Process
  - Document Generation Process

## **IX. INTERFACE SCREENS**

- A. Interface Resolution Process
  - TIRD CHIMES Interface Resolution Detail
  - SIRD SEARCHS Interface Resolution Detail
  - SIR2 SEARCHS Interface Resolution Detail 2
  - APRD Absent Parent Resolution Detail

- B. Foster Care Child Support Enforcement Referral
  - SIID SEARCHS Initial Inquiry Detail
  - CSED Child Support Enforcement Referral Detail
  - CSCD Child Support Child in Foster Care Detail
  - CSFD Child Support Father Detail
  - CSF2 Child Support Father Detail 2
  - CSMD Child Support Mother Detail
  - CSM2 Child Support Mother Detail 2
  - PRID Private Insurance Detail
- C. TANF Emergency Assistance Application
  - TIID TANF Initial Inquiry Detail
  - EARD Emergency Assistance Request Detail
  - EAR2 Emergency Assistance Request Detail 2
  - EAWD Emergency Assistance Services To Be Provided

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- B. Funding Eligibility
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  - IVEL IV-E Reimbursability List
  - IVED IV-E Reimbursability Detail
  - IVRH IV-E Reason Code History
  - MIHL Medicaid Issuance History List
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# **SYSTEM OVERVIEW**

**Security**

**Logging On & Logging Off**

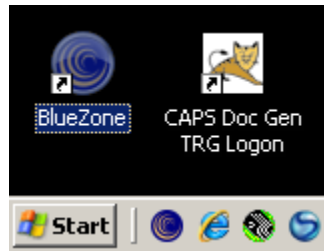
**Keyboard Functions**

**Help Resources**

**Screen Functions**

**Menus**

## LOGGING IN



- Security clearance is tied to the User ID and to the Worker Type (within CAPS)
  - CAPS security includes access to screens and approval authority
- Double click the Mainframe icon (sometimes labeled as BlueZone) to access the Entry Validation screen

## GENERAL SCREEN INFORMATION

### Colors

The different colors on CAPS screens mean certain things. Of course, you do have the ability to change your color scheme, so the colors identified below are valid if you are using the standard color scheme in CAPS.

<b>Green</b>	Header/Title (not modifiable)
<b>Light Blue</b>	Not enterable/not modifiable On certain screens, light blue also indicates that the entry is DPHHS related
<b>Yellow</b>	Enterable/modifiable Indicates a payment is a trust account payment (CBPL)
<b>Red</b>	System messages, typically in the bottom left corner of the screen
<b>Dark Blue</b>	On certain screens, dark blue indicates that the entry is DOC related
<b>Pink</b>	Indicates read only access to a report, client or facility Highlights the Child Abuse/Neglect (CAN) flag on PERL Indicates a payment is in INCOMPLETE status (PAYA) Indicates a payment has been put on HOLD (CBPL)
<b>White</b>	Informational messages, typically in bottom left corner of screen Highlights the detail when DELETE is selected in order to confirm

### CAPS Security



- At the Entry Validation Screen
  - Enter your User ID and Password
  - Your password can be changed by tabbing to “Change Password” and selecting Y (Yes)
  - Once ENTER is pressed, a screen will appear asking you to type in your new password and to confirm the new password
  - Your password must be 8 alphanumeric characters, containing a minimum of one letter and one number
  - Your password cannot use repeating characters (zz, 22, etc)
  - Your password cannot begin with:

ADM	AGR	APPL	APR	ASDF	AUG	BASIC	CADAM	DEC
DEMO	DEQ	DLI	DOA	DOC	DOJ	DOR	DOT	DPH
FEB	FOCUS	FWP	GAME	GOV	HHS	IBM	JAN	JUL
JUN	LIV	LOG	MAR	MAY	MDT	MONT	MPERA	MT
NET	NEW	NOV	OCT	PASS	PER	REV	ROS	SEP
SIGN	SYS	TEST	TSO	VALID	VTAM	XXX	1234	
  - Passwords must be kept for a minimum of 15 days
  - Your password expires and must be changed every 60 days
  - You will receive a warning seven days before your password expires
  - The new password cannot match your previous 6 passwords
  - If you type your password incorrectly three times in the same day, you will be locked out and you will need to contact the DPHHS Help Desk at 444-9500 or [dphhstech@mt.gov](mailto:dphhstech@mt.gov)
  - More details on mainframe passwords are available at: <https://mainframe.mt.gov/pwchange/>
- Once the User ID and Password have been entered, press **Enter** to access the Supersession menu
  - Select **CICS PRODUCTION CICS SYSA** to access CAPS Production
  - If you receive a screen of **CICS/NEWS**, press **F3** to exit this screen
  - From the menu select **CAPS PRODUCTION SYSTEM FS01**

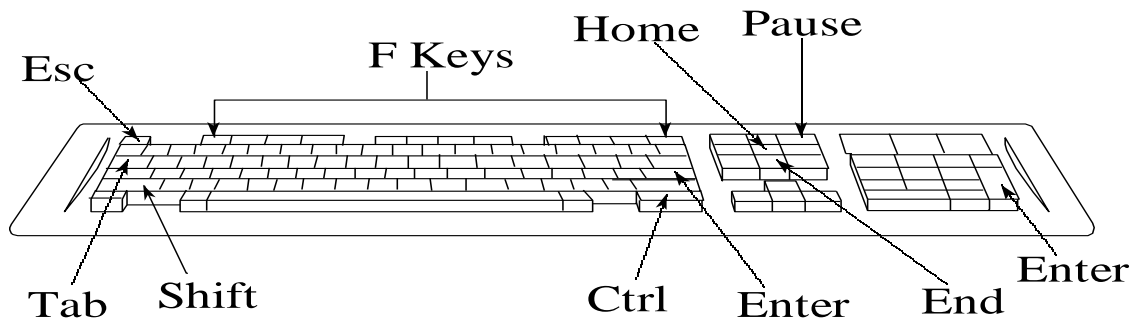


### *CAPS Production System Availability*

The CAPS system is a 24 hour 7 day a week system. There will be, however, certain off-hour time periods when the system will be available in “INQUIRE” mode only. This schedule will document when the system should be available under normal operating circumstances. As with any computer system, there are times when hardware and/or software may fail which are beyond the control of anyone. If there are any planned outages the users will be notified as early as possible. Anytime CAPS is put into “INQUIRE” mode all users will be logged off, but they can log right back on. The weekly schedule is as follows:

<b>Sunday</b>	2am to 2:30am	Database backups
	8am to noon	Normal computer maintenance time period. System may be down but users will be notified in advance
<b>Monday</b>	1am to 6am	CAPS inquire mode only for double backup
	2am to 2:30am	Database backups
	6pm to 9pm	CAPS inquire mode only for batch production. 9pm is an approximation - it could be sooner or later
<b>Tuesday</b>	1am to 4am	CAPS inquire mode only for backup
	2am to 2:30am	Database backups
	6pm to 9pm	CAPS inquire mode only for batch production. 9pm is an approximation - it could be sooner or later
<b>Wednesday</b>	1am to 4am	CAPS inquire mode only for backup
	2am to 2:30am	Database backups
	5am to 5:30am	CAPS is unavailable for CICS weekly recycle
	6pm to 9pm	CAPS inquire mode only for batch production. 9pm is an approximation - it could be sooner or later
<b>Thursday</b>	1am to 6am	CAPS inquire mode only for double backup
	2am to 2:30am	Database backups
	6pm to 9pm	CAPS inquire mode only for batch production. 9pm is an approximation - it could be sooner or later
<b>Friday</b>	1am to 4am	CAPS inquire mode only for backup
	2am to 2:30am	Database backups
	6pm to 9pm	CAPS inquire mode only for batch production. 9pm is an approximation - it could be sooner or later
<b>Saturday</b>	2am to 2:30am	Database backups
	7am to 10am	Normal time for database maintenance and CAPS will be inquire mode only. Users will be notified in advance of scheduled maintenance during this time.

# Key Board



SO-05

- TAB - Moves cursor to the next enterable field
- SHIFT/TAB - Moves cursor back one field
- HOME - Moves the cursor to the first enterable field at the top of the screen
  - HOME/SHIFT/TAB will move the cursor to the PATH field
- END - Erases to the end of the field, everything to the right of the cursor
- PAUSE - Begins the logoff process/exits CAPS - **VERY IMPORTANT!**
- ENTER - Executes the command to update
- CTRL – (right) Moves the cursor down the screen like the return on a typewriter
- ESC - Unlocks the keyboard when an execution error has occurred

MAINFRAME - EXTRA!® Enterprise

File Edit View Tools Session Options Help

CAFSPERD PERSON DETAIL 06/20/2006 11:18

USER ID : CS4566 MODIFY

CAPS ID : 00002084 25 NAME: FURST, EVE

LAST NAME : FURST ASSIGNED WORKER INFORMATION

FIRST NAME : EVE WORKER ID: C86100 RGN: 4 CNTY: 025

MIDDLE NAME : NAME: KOENIG, KELLY

SUFFIX : AKA: Y CAN: N PHONE NO: 406 EXT:

SEL P/S-- SSN ---- SEL P/S-- SSN ---- SECONDARY:

A

BIRTH DATE : 09/17/1996 AGE: 9 ----- ADDRESS -----

LINE1 : 1010 FRANK STREET

Field: P/S

Updated on screen(s): PERD

Notes: Select with a "P" if it is the primary social security Number,  
or with an "S" if it is the secondary number.

F3=Exit scroll: 010

4B :00.1 24/70

Connected to host 161.7.90.3 (TCP02172) NUM 11:20 AM

- Field-level and screen-level Help explains the purpose of a field or the screen
- For Field Help
  - Press F1, information about that field will be displayed
  - If information is needed for a non-enterable field, use arrow keys to get to the protected field
- For Screen Help
  - Move the cursor anywhere on the screen that is not an input field to obtain screen-level Help
  - Press F1 to display screen-level Help
  - Multiple pages of information may exist

### *Northrop Grumman Help Desk*



- CAPS Help Desk is available Monday through Friday from 7:30am - 5:30pm
  - Local number is 444-4125
  - Email: [HHSNGCHelpDesk@mt.gov](mailto:HHSNGCHelpDesk@mt.gov). Use ALT+PrtScn to email them a screen shot of a CAPS screen
  - Out of the Helena area call 1-800-285-2361
  - FAX number is 449-3981
  - Contact them for problems while working in CAPS (i.e., help in how to fill out a screen, docgen problems, screen abends)
- DPHHS Help Desk is available Monday through Friday from 7:00am - 5:00pm
  - Phone number is 444-9500
  - Contact them for problems OUTSIDE of CAPS (i.e., hardware problems, email, password/user ID problems, system down)
- Problems will be documented for 'fixing'
  - You will be notified when your reported problem has been fixed

### *WHO TO CALL FOR HELP*

The agency operates two separate help desks: the Northrop Grumman Help Desk at 444-4125 (local) or 1-800-285-2361, and the DPHHS Help Desk at 444-9500 or [DPHHSTech@mt.gov](mailto:DPHHSTech@mt.gov). Problems may also be faxed to the Northrop Grumman Help Desk at 406-449-3981. The Northrop Grumman Help Desk can also accept email messages. The address is [HHSNGCHelpDesk@mt.gov](mailto:HHSNGCHelpDesk@mt.gov).

**The DPHHS Help Desk** assists department employees in resolving problems related to local area networks (LANs), communications, equipment/hardware, the RS6000 computer, the mainframe, the AS400 computer, the JOBS system and PC software programs. For example, the DPHHS Help Desk should be called if a printer isn't working properly or if system response time is slow. DPHHS Help Desk hours are from 7:00 a.m. to 5:00 p.m. Monday through Friday.

Help Desk staff may ask callers for up to six items of information: their C#, name, phone number, division name and location, terminal ID or PAMS number and a description of the

problem. A “trouble ticket” number is assigned to each problem called in to the DPHHS Help Desk. Callers should ask for this number. It can be used as a point of reference if the caller later wishes to check on the status of a problem report. Although the Help Desk operators are able to resolve many problems while the caller is on the phone, the resolution of some issues may require more research or a particular expertise that the Help Desk operator does not have. Issues that cannot be resolved immediately are referred on to the appropriate individual. Once a problem is resolved, the caller is notified.

**The Northrop Grumman Help Desk** assists the workers and clients that utilize several different computer systems (CAPS is only one of them). Questions pertaining to these systems should be directed to the Northrop Grumman Help Desk. Mary Goyins, Jacki Huff and Peggy Huntington staff the Northrop Grumman Help Desk from 7:30 a.m. to 5:30 p.m. Monday through Friday. Because of the type of software program used to track problem reports, and the large volume of calls received by the Northrop Grumman Help Desk, problem report numbers are not always assigned at the time a call is taken. Although the Help Desk staff is quite knowledgeable, they will not always be able to immediately resolve the caller’s problem. It may be necessary to research a problem and then get back to the caller. If it is necessary to refer the issue to a system programmer, a problem report will be filed and the caller notified when the problem has been resolved or fixed. Problems requiring programmer intervention generally take longer to resolve than those not requiring research, analysis and/or changes to the program code. In these instances the caller should not expect an immediate response. Once a problem has been called in to the Help Desk, the caller can assume it will be addressed and should set the problem case aside. The caller should NOT attempt to rework the case using incorrect data in order to bypass the problem.

Northrop Grumman operators are not program policy specialists. Questions relating to program policy should be directed to the appropriate program staff from within the Department.

**What about CAPS DocGen?** During normal business hours (8 – 5), you should call the Northrop Grumman Help Desk for any DocGen related questions or problems. After hours, you should call the ITSD Operator (444-2000) if you are having problems logging into the system and you suspect the system may be down. Any “problem” with an actual document or document change request will also need to go through the Northrop Grumman Help Desk.

CAFSMAIN  
USER ID : CS4566

MAIN MENU

03/30/2009 15:54

SEL	PATH	DESCRIPTION
-	RRRM	REPORT/REQUEST MENU
-	PSNM	PERSON IDENTIFICATION MENU
-	SERM	SERVICES MENU
-	INTM	INTERFACE MENU
-	WOPM	WORKPLAN MENU
-	PRIM	PROVIDER INFORMATION MENU
-	CONM	CONTRACT MENU
-	PAYM	PAYMENTS MENU
-	UTLM	UTILITIES MENU
-	TRAM	TRUST ACCOUNT MENU

TO VIEW CAPS SYSTEM UPDATE INFORMATION, POSITION CURSOR  
HERE ==> \_ <== AND PRESS F1  
LAST UPDATED 02/26/1999

WELCOME TO THE CAPS QA SYSTEM

PATH:

- Menus, Sub-Menus, List/Detail type screens
  - You will see only those screens/menus for which you have security clearance
  - **List screens** display all of the detail records that have been added or may be used to initiate the ADD function
  - **Detail screens** are used to add the actual detail of an event or record item
- Select any Menu by placing the cursor on the SEL (select field) and pressing ENTER
- Error messages are displayed at the bottom of the screen
  - The field in error will be highlighted in red type
- When entering data, type in all lower case letters; CAPS will convert to all caps when the screen is updated
- Dates and numbers (SSN) may be typed without the dashes or slashes
  - Erase any remaining zeros in date fields by pressing END

```

MAINFRAME - EXTRA! Enterprise
File Edit View Tools Session Options Help

CAFSADDL                      ADDRESS LIST                      06/20/2006  11:22
USER ID : CS4566                      PAGE NO:    1
CAPS ID : 00002084    25    NAME: FURST, EVE

TO SELECT, ENTER I=INQUIRE, M=MODIFY OR D=DELETE

START
SEL  DATE      ACT TYP  ADDRESS                CITY          ST  DIR
-   01/01/06   Y   R   1010 FRANK STREET    HELENA         MT  Y
-   06/01/06   Y   P   2103 STEWART        HELENA         MT

PATH:

4B  :00.2  24/76
Connected to host 161.7.90.3 (TCP02172)

```

- Most screens require specific selection (SEL) code:
  - A = ADD
  - D = DELETE
  - I = INQUIRE
  - M = MODIFY
  - S = SELECT
- Use your KEY TEMPLATE for “F” (function) key instructions
- The selection code determines in which “mode” (inquire, modify, etc.) the screen is accessed
- The CAPS ID/Provider number in the header or “global” will remain the same from screen to screen until changed.
- When entering dates in the CAPS system, you must enter the full year. For example: January 2, 2014 would be entered **01022014** or **01/02/2014**

## MAIN - Main Menu

```
CAFSMAIN          MAIN MENU          03/30/2009   15:54
USER ID : CS4566

SEL  PATH  DESCRIPTION
-    RRRM  REPORT/REQUEST MENU
-    PSNM  PERSON IDENTIFICATION MENU
-    SERM  SERVICES MENU
-    INTM  INTERFACE MENU
-    WOPM  WORKPLAN MENU
-    PRIM  PROVIDER INFORMATION MENU
-    CONM  CONTRACT MENU
-    PAYM  PAYMENTS MENU
-    UTLM  UTILITIES MENU
-    TRAM  TRUST ACCOUNT MENU

      TO VIEW CAPS SYSTEM UPDATE INFORMATION, POSITION CURSOR
      HERE ==>  _  <== AND PRESS F1
      LAST UPDATED 02/26/1999

WELCOME TO THE CAPS QA SYSTEM          PATH:
```

- This screen is accessible to all users. Certain areas of the system will not be accessible to all users
- This display screen has one select field for each menu option
  - Type any character at the select line or place the cursor at a select line and press ENTER or
  - Type the four-character screen acronym in the PATH field
- General Guidelines for screen acronyms:
  - ✚ 1 word screen acronym is generally the first 4 letters of the word: Alerts = **ALER**
  - ✚ 2 word screen acronym is generally the first 3 letters of the first word and 1 letter of the 2<sup>nd</sup> word. Person Search = **PERS**
  - ✚ 3 word screen acronym is generally the first 2 letters of the first word and the first letter of the words 2 and 3: Group Services List = **GRSL**
  - ✚ 4 word screens are the first letter of each word. Client Placement History List = **CPHL**
  - The appropriate screen is displayed when Enter is pressed
- Press F3 from any screen to access MAIN
- To display CAPS system update information, position the cursor in the appropriate space and press the F1 key. Update information will include: physical screen changes, screen functionality changes, code table additions, etc.



### *RRRM - Report/Request Menu*

```
CAFSRRRM          REPORT/REQUEST MENU          06/01/2009   11:52
USER ID : CS4566

SEL  PATH  DESCRIPTION
-    RRRL  REPORT/REQUEST LIST
-    PERS  PERSON SEARCH
-    PROS  PROVIDER SEARCH

PATH: █
```

- Place cursor on the line to be selected and press ENTER, type any character at the select line and press ENTER, or type the four-character acronym in the PATH field.

### *PSNM - Person Identification Menu*

```
CAFSPSNM          PERSON IDENTIFICATION MENU      06/01/2009   11:53
USER ID : CS4566

SEL  PATH  DESCRIPTION
-    PERS  PERSON SEARCH
-    EVEL  EVENT LIST
-    PERD  PERSON DETAIL
-    CLID  CLIENT DETAIL
-    RELL  RELATIONSHIP LIST
-    ADDL  ADDRESS LIST
-    NADE  NON-DFS ADOPTION DATA ENTRY
-    AXED  ASSIGNMENTS/TRANSFERS DETAIL
-    SEAL  SEE ALL CLIENTS SCREENS

PATH:
```

- Place cursor on the line to be selected and press ENTER, type any character at the select line and press ENTER, or type the four-character acronym in the PATH field.

### *SERM - Services Menu*

```
CAFSERM          SERVICES MENU          06/01/2009   11:53
USER ID : CS4566

SEL  PATH  DESCRIPTION
-    PSNM  PERSON IDENTIFICATION MENU
-    APPL  APPLICATION LIST
-    PPLM  PERMANENCY PLAN MENU
-    GRSL  GROUP SERVICES LIST
-    CPHL  CLIENT PLACEMENT LIST
-    SERL  SERVICES LIST
-    ACTL  ACTIVITY LIST
-    CTRL  COURT LIST
-    PROS  PROVIDER SEARCH
-    CELL  CLIENT ELIGIBILITY LIST
-    ICPD  INTERSTATE COMPACT DETAIL
-    PPHL  PERMANENCY PLAN HEARING LIST
-    IVEL  IV-E REIMBURSABILITY LIST

                                           PATH: █
```

- Place cursor on the line to be selected and press ENTER, type any character at the select line and press ENTER, or type the four-character acronym in the PATH field.

### *INTM - Interface Menu*

```
CAFSINTM         INTERFACE MENU          07/28/2009   9:18
USER ID : CS4566

SEL  PATH  DESCRIPTION
-    EAIL  EA-1 APPLICATION LIST
-    TIID  EMERGENCY ASSISTANCE APPL
-    SIID  SEARCHS INITIAL INQUIRY DTL
-    MIHL  MEDICAID ISSUANCE HISTORY

                                           PATH:
```

- Place cursor on the line to be selected and press ENTER, type any character at the select line and press ENTER, or type the four-character acronym in the PATH field.

### WOPM - Workplan Menu

```
CAFSWOPM          WORKPLAN MENU          06/01/2009   11:55
USER ID : CS4566

SEL  PATH  DESCRIPTION
-    STFL  STAFF LIST
-    ALER  ALERTS
-    CSLL  CASELOAD LIST
-    AXED  ASSIGNMENTS/TRANSFERS DETAIL

PATH:
```

- Place cursor on the line to be selected and press ENTER, type any character at the select line and press ENTER, or type the four-character acronym in the PATH field.

### PRIM - Provider Information Menu

```
CAFSPRIM          PROVIDER INFORMATION MENU      06/01/2009   11:56
USER ID : CS4566

SEL  PATH  DESCRIPTION          SEL  PATH  DESCRIPTION
-    PROS  PROVIDER SEARCH      -    FASL  FACILITY ASSESSMENT LIST
-    PROD  PROVIDER DETAIL      -    PADL  PROVIDER ADDRESS LIST
-    FACD  FACILITY DETAIL      -    PAKD  PROVIDER AKA DETAIL
-    PRPH  PROVIDER PLACEMENT HISTO -    PRPL  PROVIDER PERSON LIST
-    PRTL  PROVIDER TRAINING LIST -    PREL  PROVIDER EVENT LIST
-    PRCL  PROVIDER CONTACT LIST -    FSPL  FACIL SERVICES PROVIDED
-    PASL  PROVIDER ACTIVE SERVICES -    PRLB  PROVIDER LABELS MENU
-    CLTL  CLIENT TYPES LIST    -    PBID  PROVIDER BANKING DETAIL
-    PRFL  PROVIDER/FACILITY LIST -    PIGD  PROVIDER INFORMATION DET
-    FALL  FACILITY LICENSING LIST -    PTID  PROVIDER TAX IDENTIFICAT

PATH: █
```

- Place cursor on the line to be selected and press ENTER, type any character at the select line and press ENTER, or type the four-character acronym in the PATH field.

### *CONM - Contract Menu*

CAFSCONM	CONTRACT MENU	06/01/2009	11:57
USER ID : CS4566			
SEL	PATH	DESCRIPTION	
-	CONI	CONTRACT INQUIRY	
-	CONL	CONTRACT LIST	
			PATH: █

- Place cursor on the line to be selected and press ENTER, type any character at the select line and press ENTER, or type the four-character acronym in the PATH field.

### *PAYM - Payments Menu*

CAFSPAYM	PAYMENTS MENU	06/01/2009	11:57
USER ID : CS4566			
SEL	PATH	DESCRIPTION	
-	CBPL	CLIENT BASED PAYMENT LIST	
-	PAYA	PAYMENT APPROVAL	
-	WRNH	PROVIDER WARRANT HISTORY	
-	CLPH	CLIENT PAYMENT HISTORY	
-	OPAR	OVERPAYMENT RECOVERY	
-	COPL	CONTRACTED PAYMENT LIST	
-	TRAM	TRUST ACCOUNT MENU	
-	PBID	PROVIDER BANKING DETAIL	
			PATH: █

- Place cursor on the line to be selected and press ENTER, type any character at the select line and press ENTER, or type the four-character acronym in the PATH field.

### UTLM - Utilities Menu

```
CAFSUTLM          UTILITIES          06/01/2009   11:58
USER ID : CS4566

SEL  PATH  DESCRIPTION
-    USML  USER MAINTENANCE LIST
-    TABL  CODE TABLE MAINTENANCE LIST
-    SCML  SERVICE CODE MAINT LIST
-    FIIL  FINANCIAL INSTITUTION LIST
-    ACML  ADDRESS/CONTACT MAINT LIST
-    FARL  FACILITY APPROVAL LIST
-    FSCL  FUNDING SOURCE CODE SEARCH
-    CTMD  COUNTY TABLE MAINT DETAIL
-    ALRD  ALERT MAINTENANCE DETAIL
-    EVTD  EVENT MAINTENANCE DETAIL
-    SECM  SCREEN SECURITY MAINTENANCE

PATH: █
```

- Place cursor on the line to be selected and press ENTER, type any character at the select line and press ENTER, or type the four-character acronym in the PATH field.

### TRAM - Trust Accounts Menu

```
CAFSTRAM          TRUST ACCOUNTS MENU    11/11/2010   15:33
USER ID : CS4566

SEL PATH  DESCRIPTION
-   CSDL  CSED DEPOSIT LIST
-   CDRL  CSED DEPOSIT RESOLUTION LIST
-   TIDL  TRUST INCOME DOCUMENT LIST
-   TAEL  TRUST ACCOUNT EXPENDITURE LT
-   TAHL  TRUST ACCOUNT HISTORY LIST

PATH:
```

- Place cursor on the line to be selected and press ENTER, type any character at the select line and press ENTER, or type the four-character acronym in the PATH field.

### COTL - Code Table Lookup

```
CAFSCOTL          CODE TABLE LOOKUP          06/01/2009   11:59
USER ID : CS4566                                PAGE NO:    8

TABLE NAME : RELATIONSHIP

TO SELECT, ENTER S=SELECT      START CODE: T

SEL CODE          DESCRIPTION
-   SFR           STEP FATHER
-   SIS           SISTER
-   SLF           SELF
-   SMR           STEP MOTHER
-   SON           SON
-   SPD           STEP DAUGHTER
-   SPO           SPOUSE
-   SPS           STEP SON
-   SPT           SPEECH THERAPIST
-   SRO           OTHER SRS STAFF
-   SSR           STEP SISTER, MARRIAGE RELATED
-   STB           STEP BROTHER - MARRIAGE RELATED
-   SWS           DFS SOCIAL WORK SUPERVISOR
-   TCH           TEACHER

                                     PATH: RRD1
```

Press Home to use the START CODE field. Type the first character(s) of the item you want. This jumps down to codes beginning with the entered letter(s). You can then F8 to scroll forward.

- This screen is accessed by pressing F12 in a field and will display a list of code possibilities for that particular field
- Select the code with an “S” and press ENTER to bring the code back to the field
- To leave this screen without selecting a code, just press Enter

*FLOW TO ADD PERSON/REPORT/CLIENT INFORMATION:*

PERS – PERSON SEARCH

PERL – PERSON LIST

PERD – PERSON DETAIL

|

RRRL – REPORT/REQUEST LIST

RRD1 – REPORT/REQUEST DETAIL 1

RRD2 – REPORT/REQUEST DETAIL 2

RRD3 – REPORT/REQUEST DETAIL 3

|

RELL – RELATIONSHIP LIST

RELD – RELATIONSHIP DETAIL

|

ADDL – ADDRESS LIST

ADDD – ADDRESS DETAIL

|

AXED – ASSIGNMENT/TRANSFERS DETAIL

|

CLID – CLIENT DETAIL

|

ICWD – ICWA DETAIL (required for clients with “AI” or “AN” ethnicity on CLID)

|

IARL – INITIAL ASSESSMENT AND REVIEW LIST

IARD – INITIAL ASSESSMENT AND REVIEW DETAIL

|

SERL – SERVICES LIST

SEIH – IN-HOME SERVICES or

SERN – SERVICE DETAIL: NON-PAYABLE (REMOVAL SERVICE CODE = SEMRM)

----CREI – CPS REMOVAL ELIGIBILITY INFORMATION (updated by IVE unit)

|

PPHL – PERMANENCY PLAN HEARING LIST

PPHD – PERMANENCY PLAN HEARING DETAIL

|

CRTL – COURT LIST

CRTD – COURT DETAIL

|

CPHL – CLIENT PLACEMENT HISTORY LIST

PLAD – PLACEMENT DETAIL, or

ADOD – ADOPTION DETAIL, or

GARD – GUARDIANSHIP DETAIL

|

SERL – SERVICES LIST

|

SERN – SERVICE DETAIL: NON-PAYABLE (for any non-payable services)

SERP – SERVICE DETAIL: PAYABLE (for any payable services)

-----SSJD – SUPPLEMENTAL SERVICE JUSTIFICATION (only if entering certain services)

*FLOW TO ENSURE APPROPRIATE SCREENS ARE UPDATED PRIOR TO RUNNING THE D427 (FOSTER CARE REVIEW) DOCGEN:*

ACTD – ACTIVITY DETAIL

|

ADDD – ADDRESS DETAIL

|

CLID – CLIENT DETAIL

|

CREI – CPS REMOVAL ELIGIBILITY INFORMATION (updated by IVE Unit staff)

|

CRTD – COURT DETAIL

|

EDHL – EDUCATION HISTORY

|

EMPL – EMPLOYMENT HISTORY

|

GARD – GUARDIANSHIP DETAIL

|

IARD – INITIAL ASSESSMENT & REVIEW DETAIL (make sure permanency goal on most current review is still accurate; if not, add a PGR (Progress Review) to update.

|

ICWD – ICWA DETAIL

|

MDTD – MEDICATION/TREATMENT DETAIL

|

MMHD – MEDICAL/MENTAL HEALTH DETAIL

|

PERD – PERSON DETAIL

|

PLAD – PLACEMENT DETAIL

|

PLSH – PLACEMENT STATUS HISTORY

|

PPHD – PERMANENCY PLAN HEARING DETAIL

|

RELL – RELATIONSHIP LIST

|

SPND – SPECIAL NEEDS DETAIL



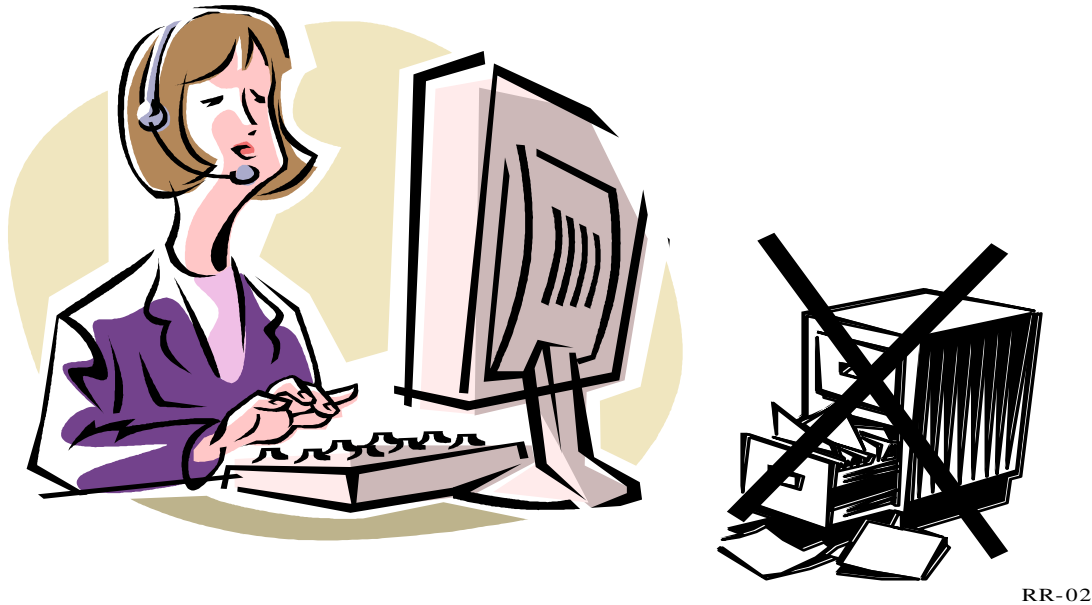
# **REPORT/REFERRAL**

**Person Search**

**Person Details**

**Report/Referral Intake Process**

# Person Search



- The database contains all persons with a CAPS ID
- Search for all people before entering them into the system
- After search criteria is entered, a list of potential matches will be displayed
- A person with a CAPS ID does not have to be made a client in CAPS
- A person becomes a client when:
  - A CAPS ID has been assigned to a worker on the AXED (Assignments/Transfers Detail) screen

## PERS - Person Search

```
CAFSERS                                PERSON SEARCH                03/07/2013    14:02
USER ID : C84852
CAPS ID : 00002095    00    NAME: HOLLING, PAULA

                                LAST NAME : run
                                FIRST NAME :
                                MIDDLE NAME :
                                PHONETIC SEARCH : N

                                SSN :

                                DATE OF BIRTH :

                                RESIDENCE COUNTY :

                                SEX :

                                CAPS ID :

                                PATH:
```

- Use this screen to lookup or find out if a person is known to CAPS. If the person is already in CAPS, do not add the person again.
  - Type search criteria, press ENTER
  - PERL (Person List) will display a list of all persons known to CAPS, beginning with the person on the list *directly prior to those that match the name search criteria*, or a message displays indicating no matches were found
- Search criteria is one of the following:
  - Name, SSN, or CAPS ID
  - If the search criteria entered is the CAPS ID or SSN, only an exact match will be displayed if a match exists.
  - The name search can also be more refined by entering a combination of item (e.g. Last name and Date of Birth)
- Search by:
  1. SSN or CAPS ID, if available
  2. Last Name (as little as one letter can be used to do a search). CAPS will do an alphabetic search based on the character(s) you've entered.
  3. Last Name (or partial Last Name) with Y entered in the Phonetic Search. Useful for multiple word names & names that could be spelled/entered different ways.
- If a name contains a space, CAPS sorts it before the A's, alphabetically.

## PERL - Person List

```

CAFSPerl                PERSON LIST                03/07/2013   14:04
USER ID : C84852                PAGE NO: 1
CAPS ID : 00002095   00   NAME: HOLLING, PAULA
  
```

```

TO SELECT, ENTER S=SELECT, I=INQUIRE OR M=MODIFY
SEL CAPS ID  NAME                DOB        AGE SEX SSN                CNTY  CAN /P C A
- 00002050 ROSENBERG, RICHARD    09/11/1962  50  M  516-77-4488                P      Y
- 00012356 RUNNING CRANE, URSULA 04/20/1941  71  F  517-74-4423   51      Y
- 00002110 RUNNING WOLF, DREW
- 00012356 RUNNINGCRANE, URSULA 04/20/1941  71  F  517-74-4423   51      Y
  
```

A person's CAPS ID stays the same forever.

CAN/P: Child Abuse Neglect/Provider

- **C** = Involved in a CPS investigation where allegations were substantiated, and then took off.
- **P** = Person associated to a licensed provider/facility. Could be a group home employee, foster parent, etc.
- **B** = Both (C + P both apply to this individual)

PATH:

- Displays info for persons that met the search criteria entered on PERS; if searching on name info, also displays the previous name, alphabetically
- The select functions are listed at the top of the screen under the CAPS ID and NAME
- To change any detailed information for the person, type "M" in the SEL field next to the person for whom you want to modify information and the PERD screen will be displayed
- If a person is selected with an "I", PERD will be displayed in INQUIRE only - no changes may be made at this time
- "S" (select) can only be used if an F12 lookup is being done from CAPS ID field on another screen. This will "select" the person and bring the info back to the other screen.
- If person exists/is listed on PERL, use it. Have the assigned worker transfer if necessary.
- To add a new person to the database, press F11
  - The PERD (Person Detail) screen will be displayed in ADD mode
- F2 will return you back to PERS (Person Search)

## PERD - Person Detail

```

CAFSPERD                PERSON DETAIL                02/09/2012    9:44
USER ID : CS4566    MODIFY
CAPS ID : 00002107    25    NAME: ABBOTT, DAWNNA

LAST NAME   : ABBOTT
FIRST NAME  : DAWNNA    AKA:
MIDDLE NAME :          CAN: N
SUFFIX      :          P SSN VERIF:
SEL P/S-- SSN ---- SEL P/S-- SSN ----
_ P 158-80-9686 _
DRIVERS LICENSE ST: MT    NUMBER: MT08101998
BIRTH DT   : 08/10/1998 VERIF:    AGE: 13
PLACE      :
DATE DECEASED :
SEX CODE    : F    FEMALE
ETHNICITY   : CA
HSPNC ORGN  : N    IDENTITY VERIF:
MARITAL STATUS: NM    DATE:

ASSIGNED WORKER INFORMATION
WORKER ID: C7TR15    RGN: 4    CNTY: 025
NAME: FIFTEEN, TRAINEE
PHONE NO: 406        EXT:
SECONDARY:

----- ADDRESS -----
LINE1 : 202 N RODNEY ST
LINE2 :
CITY   : HELENA
STATE  : MT    ZIP CODE : 59601 - 4227
COUNTY: 25    LEWIS & CLARK
TELEPHONE :

----- EMPLOYMENT -----
NAME :
PHONE:          INCOME :
OCC:
STATUS :
START DATE:
END DATE:

SHFT+F10=CLRSSN

PATH:
  
```

**Annotations:**

- Left Box:** A(dd) P(rietary) (SSN) - Points to the SSN field.
- Top Callout:** Display only (AXED). If blank, person is not a client. - Points to the top right area.
- Middle Callout:** Display only (ADDL/D) - Points to the ASSIGNED WORKER INFORMATION section.
- Bottom Callout:** Display only (EMPL) - Points to the EMPLOYMENT section.

- The Person Detail screen is used to enter or display general information about persons in the system
  - This information is available to all workers
- If the ADD function (F11) was performed on PERL, CAPS will assign the CAPS ID when you press ENTER to update the screen. After Enter is pressed, you can F11 on PERD to add another person, as long as the last name is the same.
- For SSN's, indicate on the select field A (ADD), M(MODIFY), D(DELETE) and whether it is a P(Primary) or S(Secondary)
- ASSIGNED WORKER INFORMATION will be displayed once the person has been assigned to a worker on AXED (Assignment/Transfers Detail). Can also show as LAST ASSIGNED WORKER
- RESIDENT ADDRESS information will be displayed once the ADDD screen is completed
- EMPLOYMENT information will be displayed once the EMPL screen is completed

Display only on PERD

- Last Name and First Name are the only fields required in order to create a CAPS ID
- Verifications for SSN and Date of Birth are received through an interface with the CHIMES system. Verifications for Identity are received through an interface with CHIMES, or entered by IVE unit staff. These verification fields are populated when the person is a Client, going into paid care, who has applied for Medicaid. These items verified via Interface (IN) cannot be updated in CAPS.

```

CAFSPERD                PERSON DETAIL                02/09/2012    9:44
USER ID : CS4566  MODIFY
CAPS ID : 00002107    25    NAME: ABBOTT, DAWNNA

LAST NAME : ABBOTT                ASSIGNED WORKER INFORMATION
FIRST NAME : DAWNNA                WORKER ID: C7TR15    RGN: 4    CNTY: 025
MIDDLE NAME :                     CAN: N                NAME: FIFTEEN, TRAINEE
SUFFIX :                          P SSN VERIF:          PHONE NO: 406    EXT:
SEL P/S-- SSN ---- SEL P/S-- SSN ---- SECONDARY:
- P 158-80-9686 -
DRIVERS LICENSE ST: MT    NUMBER: MT08101998    ----- ADDRESS -----
BIRTH DT : 08/10/1998    VERIF:          AGE: 13    LINE1 : 202 N RODNEY ST
PLACE :                     LINE2 :
DATE DECEASED :                     CITY : HELENA
SEX CODE : F    FEMALE                STATE : MT    ZIP CODE : 59601 - 4227
ETHNICITY : CA                COUNTY: 25    LEWIS & CLARK
HSPNC ORGN : N    IDENTITY VERIF:          TELEPHONE :
MARITAL STATUS: NM    DATE:
----- EMPLOYMENT -----
NAME :                     STATUS :
PHONE:                     INCOME :        START DATE:
OCC:                       END DATE:
SHFT+F10=CLRSSN
PATH:

```

Up to 6  
ETHNICITY  
codes  
allowed.  
Required for  
clients.

- Up to six (6) ethnicity codes can be entered in the ETHNICITY field. When the worker presses F12 (code table lookup), six codes can be selected at one time. ABANDONED AT BIRTH, DECLINED, PARENT(S) INCAPACITATED and DECLINED are options.
- When Ethnicity field is entered, HSPNC ORGN field becomes required. Choices are Y, N, D, or U. Guidelines for this field are as follows:
  - 1) Type Y if the person is a Mexican, Puerto Rican, Central or South American person or person of other Spanish origin, regardless of race.
  - 2) The U means UNABLE TO DETERMINE and should be used rarely - only if the child is very young or is severely disabled and no person is available to determine whether or not the child is of Hispanic origin.
  - 3) The D means DECLINED and should be used if the person/client declines to provide this information.

## *CONSISTENT ENTRY OF PERSONS AND PROVIDER NAMES INTO CAPS*

### **Little typographical errors cause BIG trouble**

This information is intended to bring consistency to the way a person or a provider are entered in CAPS.

While some of the practices which will create consistency may seem silly, the difference in a CAPS user's entry of a person, first name last or last name first, with spaces or without spaces, or with or without punctuation marks, can affect the success of the search.

Please adhere to the following practice when doing person or provider entry:

1. BE CERTAIN that you are at the BEGINNING of the field when you type in the person's/provider's name and the provider's abbreviated name. Using the tab key will ensure you are at the beginning of the field. Some users have inadvertently spaced and then entered the person name.

RIGHT...      LAST NAME:HOLLING  
FIRST NAME:PAULA  
WRONG...      LAST NAME: HOLLING  
FIRST NAME:PAULA

The wrong entry (with the initial space) will cause HOLLING PAULA to be at the beginning of the person name list (PERL).

The result is:

HOLLING, PAULA  
ALBERTSON, JOE  
ANDERSON, SUSAN

The same problems can result when entering provider names.

RIGHT...      PROVIDER NAME:CASEY FAMILY PROGRAM INC  
WRONG...      PROVIDER NAME: CASEY FAMILY PROGRAM INC

The wrong entry (with the initial space) will cause CASEY FAMILY PROGRAM INC to be at the beginning of the provider name list (PROL).

The result is:

CASEY FAMILY PROGRAM INC  
ALBERTSONS INC  
ALLISON, FRED AND NANCY

2. When entering a provider/person name, enter LAST NAME FIRST(space)(NO comma)FIRST NAME LAST.

RIGHT... PERSON NAME:HOLLING PAULA  
WRONG... PERSON NAME:PAULA HOLLING

3. DO NOT use any punctuation marks ever, ever, ever in either the person name or AKA name fields.

RIGHT... LAST NAME:HOLLING ANDERSON  
FIRST NAME:PAULA  
WRONG... LAST NAME:HOLLING-ANDERSON  
FIRST NAME:PAULA

RIGHT... LAST NAME:OTOOLE  
FIRST NAME:MARGIE  
WRONG... LAST NAME:O'TOOLE  
FIRST NAME:MARGIE

RIGHT... LAST NAME:ST JAMES  
FIRST NAME:HENRY  
WRONG... LAST NAME:ST. JAMES  
FIRST NAME:HENRY

The same rules apply to entering provider names and provider abbreviated names.

RIGHT... PROVIDER NAME:OTOOLE MARGIE  
WRONG... PROVIDER NAME:O'TOOLE, MARGIE  
RIGHT... PROVIDER NAME:AKELSTAD MURPHY JOHN AND MARY  
WRONG... PROVIDER NAME:AKELSTAD-MURPHY, JOHN & MARY

RIGHT... ABBREVIATED NAME:YTC  
WRONG... ABBREVIATED NAME:Y.T.C.

RIGHT... PROVIDER NAME:CASEY FAMILY PROGRAM INC  
WRONG... PROVIDER NAME:CASEY FAMILY PROGRAM, INC.

RIGHT... ABBREVIATED NAME:CASEY  
WRONG... ABBREVIATED NAME:C.A.S.E.Y.



4. When a provider is a couple as with many foster or adoptive parents, always enter the man's name first (to support consistency and easily locating these providers)

RIGHT... AKELSTAD MURPHY JOHN AND MARY  
WRONG... AKELSTAD MURPHY MARY AND JOHN

5. LESS IS MORE when doing a name search. Enter ANDER and you will get a list that shows all the ANDERSEN, ANDERSENS, ANDERSON and ANDERSONS. This is especially useful if you're not exactly sure how the name is spelled. It also helps in avoiding duplicate entries.

*DUPLICATE CAPS IDS*

## Greetings from the Help Desk!



The best way to avoid creating the problems associated with duplicate ID#s is to do a thorough search before adding someone to the system:

- Perform a phonetic search when entering a new person in CAPS. Take time to go through the screens to ensure that the person being added is not already there.
- Search under all known names for a person.
- If a person has a first name such as Robert or Rebecca, search for other first name possibilities such as Bob, Rob, Bobby, Becca, or Becky.
- If a person has a last name that is more than one word (for example, Rides Horse), do a search for Rides Horse and Rideshorse. A space is considered alphabetically prior to the letter "A".
- Do multiple searches if the information is known – name, SSN, name/DOB, etc.
- Look at the relationship list (RELL) for each of the ID#s. If the list of relationships is completely different, chances are they are not the same person.
- Be aware of fathers/sons and mothers/daughters that have the same name.

**BOTTOM LINE:** It is worth it to spend a few minutes up front doing a thorough person search rather than waste time entering a bunch of information only to discover the information was already there on another ID.

\* \* \* \* \*

## ***What to do when you find duplicate CAPS ID #s...***

When you find duplicate ID numbers in CAPS, please notify the Help Desk *after you have verified that the numbers are indeed for the same person.* **Please do not alter any information when you find duplicate ID#s. Let the Help Desk resolve the duplicate problem before you update any information.**

Requests must be made via e-mail ([hhsngchelpdesk@mt.gov](mailto:hhsngchelpdesk@mt.gov)) and state the following information:

- √ The “**good**” CAPS ID # you want to **keep**
- √ The “**bad**” CAPS ID # you want to **delete**

### **Reminders...**

- If there is a worker attached to one of the CAPS ID#s, that is the # we need to keep.
- If both CAPS ID#s show a worker attached, the workers must be the same person if the CAPS ID# being deleted is for an open client.
- If both CAPS ID#s have services/assessments, the bad number must have a CLO review entered and approved on IARD.
- You may not replace a client with a person.
- The “bad” client ID# can not be deleted for a person with a name in CAPS of ‘UNK CAPS’
- The “bad” client ID# can not be deleted if trust account monies exist for the client. You would need to contact Susan Austad to have the monies moved to the “good” ID#.

\* \* \* \* \*

## RRRL – Report/Request List

CAFSRRRL		REPORT/REQUEST LIST		06/20/2006 11:41	
USER ID : CS4566				PAGE NO: 1	
TO SELECT, ENTER I=INQUIRE, M=MODIFY, V=INQUIRE(CID1), OR C=MODIFY(CID1)					
R/R NO:	CAPS ID:	PROV:	000	WORKER ID:	
START FROM:	CO:	R/R CAT:		R/R STAT:	

SEL	RPT NO	DATE RECEIVED	R/R CAT	STS	REPORT NAME	DETERMIN END DATE	WORKER ASSGND
-	0001028	12/09/2004	CPS	O	ABBOTT BILLY		C7TR15
-	0001014	12/09/2004	CPS	O	BACON BILLY		C7TR16
-	0001015	12/09/2004	CPS	O	COLBERT BILLY		C7TR17
-	0001016	12/09/2004	CPS	O	DRYNAN BILLY		C7TR18
-	0001017	12/09/2004	CPS	O	ENHELTER BILLY		C7TR19
-	0001018	12/09/2004	CPS	O	FISCHER BILLY		C7TR20
-	0001019	12/09/2004	CPS	O	GAFFNEY BILLY		C7TR21
-	0001020	12/09/2004	CPS	O	HALMONT BILLY		C7TR22
-	0001021	12/09/2004	CPS	O	KNUTSON BILLY		C7TR23
-	0001022	12/09/2004	CPS	O	LANGE BILLY		C7TR24
-	0001023	12/09/2004	CPS	O	MYER BILLY		C7TR25
-	0001024	12/09/2004	CPS	O	PRICE BILLY		C7TR26

**R/R CAT:**  
 Report/Referral  
 Category  
**CPS** = Child Protective Services.  
**CPI** = Child Protective Information.  
**CFS** = Child Protective Services, Request for Services  
**TRB** = Tribal  
**LIC** = Licensing  
**LII** = Licensing Info

PATH: █

- This screen initially displays all the worker's Report/Request events in order by Date received; the newest info will be at the top of the list
- Available search criteria - R/R number, CAPS ID, Provider ID, WORKER ID, START FROM Date, County, R/R Category and Status; must clear WORKER ID field.
- If the START FROM date filter is used, it sorts info with that date at the top, on down to more current info. Otherwise, it will be sorted with newest info at the top.
- The worker can INQUIRE/MODIFY (RRD1), or VIEW/CHANGE (CID1) up to fifty (50) referrals at one time. When the worker presses ENTER, RRD1 or CID1 will be displayed for the first referral. To page through the referrals selected, press F8 (forward) or F7 (backward).
  - NOTE: Workers cannot mix I/M select codes with V/C select codes
- Place the cursor under the WORKER ASSGND field and press F12 – the identifying information for that worker will be displayed.

### “V” – View (Inquire) CID1 Information

- If a field worker selects a report/request that was originally added on CID1 with a ‘V’, the worker will be taken to CID1 in INQUIRE mode

- If a field worker selects a report/request that was originally added on RRD1 with a 'V', a message will display that says "CID1 DOES NOT EXIST"

#### **"M" – Modify RRD1 Information**

- If a field worker selects a report/request that was closed on CID1 with an 'M', a message will display that says "USER DOES NOT HAVE UPDATE ACCESS"
- If a field worker selects a report/request that is assigned to a CI worker with an 'M' a message will display that says "USER DOES NOT HAVE UPDATE ACCESS"

#### **"I" – Inquire RRD1 Information**

- A CI worker will be able to select all report/requests with an 'I'
- A field worker will be able to select all non-tribal report/requests with an 'I'

#### **Adding a Referral**

- If a CI worker presses F11 from RRRL, they will be taken to CID1 in add mode
- If a tribal field worker presses F11 from RRRL, they will be taken to RRD1 in add mode

### *CID1 – Centralized Intake Detail 1*

```
CAFSCID1          CENTRALIZED INTAKE DETAIL 1          10/14/2009    14:06
USER ID : C74142SW INQUIRE                                REPORT    1
R/R NUMBER: 0001372 R/R CATEGORY: CPS PRIORITY: 2 TAKEN BY: C74142C PRIORS: N
INV START DATE: 10/14/2009 TIME: 13:49 ASSIGNED TO: C74142SW WORKER
----- REPORTER DETAIL -----
REPORTER: MARY REYNOLDS REL: NBR SLFRPT: N PH: 406 443-8411
RPTR DETAIL: LIVES NEXT DOOR TO HAMMA FAMILY

----- REPORT GENERAL INFORMATION -----
REPORT NAME: HAMMA KRYSTAL PROV NO: 000
ADDRESS : 102 N BRECKENRIDGE PROV PHONE: 406
CITY/ST/ZIP: HELENA MT 59601 COUNTY: 025 LEWIS & CLARK
PHONES:(1) 406 443-2402 REL: SLF W/H/C: H (2) 406 REL: W/H/C:
INVESTIGATION SUMMARY: CONCERNS CHILDREN ARE BEING EXPOSED TO PARENTAL METH
USE AND/OR METH MANUFACTURING IN THE HOME.

DRUG USE ALLEGED: Y DRUG LAB/MFG: Y DRUGS: MET
FIRST CNTCT DT: FIRST CNTCT TIME: DTRMN END DATE:
R/R STATUS: 0 ACTION TAKEN:

PATH:
```

- A CI worker can add a report/request with any report/request category type
- The “ASSIGNED TO:” field will be defaulted to the WORKER ID of the worker adding the report/request.
  - The field next to the “ASSIGNED TO:” field will contain the last name (as many characters as possible) of the worker whose USER ID appears in the “ASSIGNED TO:” field

### **Assigning reports on CID1**

- The CI worker adding the report/request will decide if the report/request should be assigned to a field worker. If so, the CI worker can change the “ASSIGNED TO:” USER ID from their ID to another worker.
  - If the CI worker changes the “ASSIGNED TO:” USER ID from their ID to a field worker ID, a confirm message will appear that says “TO CONFIRM, PRESS F16(SHIFT + F4), TO CANCEL PRESS ENTER”. This will ensure that the CI worker is done with the report/request.
  - The DRUG USE ALLEGED field will be required at the time of transfer. DRUG LAB/MFG and DRUGS fields will be optional.
  - The PRIORITY field will be required at the time of transfer.
  - The report/request information will then be “frozen”. This means that the report/request can no longer be modified on CID1.

- A “workable” copy will be created once the report/request is assigned to a field worker
- The “original” and “workable” copy will have the same report number.
- Field workers will be able to make the required changes to their “workable” copy on RRD1, RRD2 and RRD3

### **Closing reports on CID1**

- If a CI worker closes a report/request, a confirm message will appear that says “TO CONFIRM, PRESS F16(SHIFT + F4), TO CANCEL PRESS ENTER”
  - This will ensure that the CI worker is done with the report/request
  - The report/request will then be “frozen”. This means that the report/request can no longer be modified on CID1
  - RRC supertask workers will not be able to reopen report/requests that were closed on CID1
  - CIC supertask workers will be able to reopen report/requests that were closed on CID1
  - CI workers can only close R/R CATEGORY of ‘CPI’ on CID1. All other R/R CATEGORIES must be re-assigned to a field worker.

### **Functionality**

- CI workers cannot enter data in the “DETERMINATION END DATE:” or “ACTION TAKEN:” fields when a report/request has a category type other than ‘CPI’ . If data is entered in these fields for a R/R CATEGORY other than ‘CPI’ a message will display that says “WHEN USING THIS CATEGORY TYPE, FIELD MUST BE BLANK”
- CI workers will be able to modify all enterable fields until the report/request is re-assigned to a field worker or closed by a CI worker on CID1
- The INVESTIGATION SUMMARY field is enterable by CI.
- CI workers will be taken to CID2 automatically when a report/request is added and the R/R CATEGORY is ‘CPS’, or ‘LIC’
  - If the R/R CATEGORY is something other than ‘CPS’, or ‘LIC’, the worker will not be taken to CID2 automatically. The worker can type CID2 in the PATH and press ENTER to access CID2
  - A CI worker shall not be taken to CID2 automatically when inquiring or modifying on a report/request. The worker can type CID2 in the PATH

## **Alerts**

- RO1003 – REPORT &01 ADDED will be created for the supervisor of the ‘TAKEN BY’ ID
- RO1012 - REPORT &01 ASSIGNED BY CI WORKER &02 will be created when a report is re-assigned to a field worker. The alert will be created for both the new assigned worker and their supervisor
- RO1008 - REPORT &01 NEED TO BE COMPLETED will be deleted from the CI workers alert when a report is re-assigned to a field worker
  - A new RO1008 alert is created for the reassigned worker (field worker) and their supervisor

*CID2 – Centralized Intake Detail 2*

```

CAFSCID2                CENTRALIZED INTAKE DETAIL 2                06/20/2006    11:52
USER ID : C74142CI MODIFY                PAGE NO:    1
R/R NUMBER: 0001206  CATG: CPS  CHILD PROT DATE: 04/14/2005 ASSGN TO: C74142SW
PROVIDER:                000                ALG:

TO SELECT, ENTER D=DELETE, A=ADD, M=MODIFY, R=RELATION, P=PRIMARY
SEL CAPS-ID    FIRST          LAST          SUFX    R/R ROLE
- 00001167    BERTHA          BAKER                P    ALG:
  AGE:        DOB:                SEX: F    ETH: CA
  FAM ROL:    BMR  CATG: AD                PRP REL:
- 00129678    MICHELLE          DAVIS                V    ALG: EMD
  AGE: 16      DOB: 04/15/1990    SEX: F    ETH: CA
  FAM ROL:    SPD  CATG: CH                PRP REL:
- 00001163    TEONA            BAKER                V    ALG: EMD
  AGE: 14      DOB: 06/20/1992    SEX: F    ETH: CA
  FAM ROL:    DAU  CATG: CH                PRP REL:
                                     ALG:
-  AGE:        DOB:                SEX:      ETH:
  FAM ROL:      CATG:                PRP REL:
                                     ALG:
-  AGE:        DOB:                SEX:      ETH:
  FAM ROL:      CATG:                PRP REL:

                                     PATH:

```

- CID2 is accessed from CID1. CI workers are either taken to CID2 automatically (R/R CATEGORY of 'CPS', or 'LIC'), or by typing CID2 in the PATH and pressing ENTER
- CI workers will be able to modify all enterable fields until the report/request is re-assigned to a field worker or closed by a CI worker on CID1

## Duplicate Person Resolution

- CAPS has a duplicate resolution process where a worker can contact the help desk and request that a duplicate CAPS ID be deleted for a person/client. If a CAPS ID is marked for deletion, all information that is tied to that ID will be transferred to the ID that was kept.
  - **This functionality will not change for Centralized Intake and any CAPS IDs that may have been entered on CID2**

## Unfounded Report Purge Program

- CAPS has a process to purge information when a report is determined to be ‘UNF’ (Unfounded). The purge process is run upon the Department’s request during nightly processing. The process checks all reports currently in CAPS to see if the report meets the purge requirements and, if those requirements are met, the report is purged.



### *USE OF "UNKNOWN" ON CID2/RRD2 SCREEN*

When entering persons on the CID2/RRD2 screen, a search of the CAPS system must be completed to find a person's CAPS identification number. To find a person in CAPS, use person search (PERS). If the person is known to the CAPS system, a CAPS number will be displayed and the worker should use the existing CAPS number on CID2/RRD2. If the person is not known to CAPS, the worker will need to enter the person's information to the system so a CAPS identification number can be assigned. After adding a person to CAPS, the SHIFT+F9 key can be used to bring the person back to the CID2/RRD2 screen without retyping the information. Do not add any "unknown" persons on PERD. The CAPS system provides several "unknowns" on PERL to fit most categories. Select the "unknown" from PERL that most closely fits the referral information.

The following is a list of CAPS ID numbers for UNKNOWN:

130223 = UNK CAPS, ADULT

130224 = UNK CAPS ADULT, FEMALE

130225 = UNK CAPS ADULT, MALE

130226 = UNK CAPS, CHILD

130227 = UNK CAPS CHILD, FEMALE

130229 = UNK CAPS CHILD, MALE

**\*\*\*See Children's Services Policy and Procedures Manual Section 202-2 and 202-3.**

Also, do not assign any of these unknown CAPS IDs to your caseload using the AXED screen. Centralized Intake uses these IDs for any unknown person on an intake referral.

## RRD1 - Report Request Intake Detail 1

```

CAFSRRD1          REPORT/REQUEST INTAKE DETAIL 1      10/14/2009   14:11
USER ID : C74142SW MODIFY                                REPORT    1
R/R NUMBER: 0001372 R/R CATEGORY: CPS PRIORITY: 1 TAKEN BY: C74142C PRIORS: N
INV START DATE: 10/14/2009 TIME: 13:49 ASSIGNED TO: C74142SW
----- REPORTER DETAIL -----
REPORTER: MARY REYNOLDS REL: NBR SLFRPT: N PH: 406 443-8411
RPTR DETAIL: LIVES NEXT DOOR TO HAMMA FAMILY

----- REPORT GENERAL INFORMATION -----
REPORT NAME: HAMMA KRYSTAL PROV NO: 000
ADDRESS : 102 N BRECKENRIDGE PROV PHONE: 406
CITY/ST/ZIP: HELENA MT 59601 COUNTY: 025 LEWIS & CLARK
PHONES:(1) 406 443-2402 REL: SLF W/H/C: H (2) 406 REL: W/H/C:
INVESTIGATION SUMMARY: CONCERNS CHILDREN ARE BEING EXPOSED TO PARENTAL METH
USE AND/OR METH MANUFACTURING IN THE HOME.

DRUG USE SUSP: DRUG LAB/MFG: DRUGS:
FIRST CNTCT DT: FIRST CNTCT TIME: DETRM END DT:
R/R STATUS: 0 ACTION TAKEN:

PATH: █

```

Most yellow text came from CID1.

DRUG USE SUSP field required at closure.

ACTION TAKEN codes (max.10) & DETERMINATION END DATE entered prior to closure. (R/R STATUS: C)

- Most of the information displayed on RRD1 is a “workable copy” of the information that was entered on the CID1 screen
- The sixty (60) day determination requirement is based on the investigation start date, INV START DATE, the date the report is received), not the first contact date
- PRIORS (upper right hand corner). This field is display only on RRD1 – it is entered by Centralized Intake unit staff on the CID1 screen
- INVESTIGATION SUMMARY. This field is used to enter a summary of the CPS worker’s investigation when a referral is about to be closed. CPS can type over the info that was defaulted into RRD1 when CI initially typed their notes regarding the call, on CID1. Investigation notes and documentation should be entered on RRD3 or as a note in Doc Gen.
- The DRUG USE SUSP field will be required at the time of closure. DRUG LAB/MFG and DRUGS fields will be optional.
  - PRIORITY can only be changed by supervisors and regional administrators
- Field workers (with the exception of tribal workers) **cannot** add CPS, CPI and CFS referrals on RRD1.

*RRD2 - Report Request Intake Detail 2*

```

CAFSRRD2                REPORT/REQUEST INTAKE DETAIL 2          06/13/2011    10:36
USER ID : CS1164        MODIFY                                PAGE NO:    1
R/R NUMBER: 0001373    CATG: CPS    CHILD PROT DATE: 07/16/2010 ASSGN TO: C74142SW
PROVIDER:              000                                     ALG:
                                                                DET:
TO SELECT, ENTER D=DELETE, A=ADD, M=MODIFY, R=RELATION, P=PRIMARY
SEL CAPS-ID    FIRST      LAST      SUFFX    CATG
- 00001238    REBECCA      BEY              AD ALG:
AGE: 43 DOB: 03/26/1968 SEX: F ETH: CA FAM ROLE: BMR DET:
R/R ROLE: P LIVING ARRANGEMENT: HSPNC ORGN: N REL:
- 00001237    ERIC        BEY              AD ALG:
AGE: 42 DOB: 10/06/1968 SEX: M ETH: CA FAM ROLE: BFR DET:
R/R ROLE: P LIVING ARRANGEMENT: HSPNC ORGN: N REL:
- 00001447    BLUE        BEY              CH ALG: PHA
AGE: 11 DOB: 01/01/2000 SEX: M ETH: AI FAM ROLE: SON DET: SUB
R/R ROLE: V LIVING ARRANGEMENT: MBB HSPNC ORGN: N REL: BMR
-
AGE: DOB: SEX: ETH: FAM ROLE: DET:
R/R ROLE: LIVING ARRANGEMENT: HSPNC ORGN: REL:
-
AGE: DOB: SEX: ETH: FAM ROLE: DET:
R/R ROLE: LIVING ARRANGEMENT: HSPNC ORGN: REL:

```

Yellow text  
from CID2;  
is updateabl

ALG may be  
added on RRD  
for Victim/Bot

DET required for  
closure.

PATH:

- This screen initially captures the provider identification number if appropriate and information about all persons involved in the report
- General process to add a new person to the report:
  - Add in the select field, CAPS ID, CATG (usually CH or AD), ALG (for persons with Victim or Both in the R/R Role field), FAM ROLE, and R/R ROLE (Victim, Perpetrator, Both, or Neither)
  - Then if the report is substantiated, appropriate codes are entered in the DET field, LIVING ARRANGEMENT and REL.
- To search or add a person to the system
  - To search, press F12 in the CAPS ID field. CAPS will take you to PERS, and then PERL. If the person is found, select their CAPS ID with an “S”.
  - If person is not found on PERL, press F11 (Add). Once added on PERD, press Shift-F9 to bring the person in the header back to RRD2.
- Can set up relationships between report persons using the “P” and “R” select codes
- If allegations are substantiated, the worker should enter the determination code of SUP (substantiation pending) to allow due process to the perpetrator. After 30 days, if no fair hearing is requested, the code will be changed to SUB. If a fair hearing is requested, the

code will be changed to FHR. If the substantiation is overturned the code will be changed to UNX. If criminal charges are pending, the code will be changed to CCP and pending the outcome of the charges will then be changed to SUB or to FHR, SUB or UNX depending on whether a fair hearing is or is not requested.

#### *USE OF DETERMINATION CODES ON RRD2 FOR CPS*

AJP = Adjudication pending: YINC pending  
CCP = Criminal charges pending  
CWF = Closed without findings  
FHR = Fair hearing requested  
IIW = Insufficient information to warrant an investigation  
IND = Indicated maltreatment occurred; unable to substantiate  
LGP = Pending per legal agreement/settlement; see CPS Program  
SUB = Substantiated abuse, neglect or exploitation  
SUD = Substantiated/indicated child abuse resulted in death  
SUP = Substantiation pending  
UNF = Unfounded, no reason to suspect maltreatment under state law  
UNR = Unsubstantiated after internal review  
UNS = Unsubstantiated/Unable to establish abuse, neglect or exploitation  
UNX = Substantiation overturned after review committee/fair hearing

When allegations are substantiated, the worker should enter a determination code of **SUP**. This is required to allow due process to alleged perpetrators. The referral should be closed as usual per current policy (this is so the system can accurately reflect that investigations are completed within the 60-day limitation period).

Substantiation letters should go out and the alleged perpetrator(s) has/have 30 days to request a fair hearing. If no fair hearing is requested, the code will be changed automatically by the system to SUB.

If criminal charges are pending, the code would need to be changed to CCP. Based on the outcome of the charges, the code will then be changed to SUB (if there is a conviction) or to FHR, SUB or UNX (if there is not a conviction and a fair hearing is or is not requested.)

If a fair hearing is requested, the code would be changed to FHR. Once the review has taken place, the code will then be changed to SUB or UNX, depending on whether or not the substantiation was upheld. (UNX is only to be used when a substantiation determination is overturned after review.) *\*\*Since the report, in most instances, will be closed the appropriate supertask person will have to change this code.\*\**

The system will automatically change SUP determinations to SUB 45 days after the determination end date entered on RRD1 if FHR or CCP codes are not entered.

As a courtesy, please notify your regional supertask person when you are notified that a fair hearing has been requested.

## RRD2 - Report/Request Intake Detail 2 (Screen Guide)

This screen is used to display, add or modify detailed information about the persons involved in the report.

```
CAFSRRD2          REPORT/REQUEST INTAKE DETAIL 2      06/13/2011    10:36
USER ID : CS1164   MODIFY                               PAGE NO:    1
R/R NUMBER: 0001373 CATG: CPS  CHILD PROT DATE: 07/16/2010 ASSGN TO: C74142SW
PROVIDER:         000                                ALG:
                                                DET:

TO SELECT, ENTER D=DELETE, A=ADD, M=MODIFY, R=RELATION, P=PRIMARY
SEL CAPS-ID  FIRST      LAST      SUFX  CATG
- 00001238  REBECCA    BEY              AD ALG:
  AGE:  43  DOB: 03/26/1968 SEX: F ETH: CA  FAM ROLE: BMR DET:
  R/R ROLE: P  LIVING ARRANGEMENT:          HSPNC ORGN: N  REL:
- 00001237  ERIC      BEY              AD ALG:
  AGE:  42  DOB: 10/06/1968 SEX: M ETH: CA  FAM ROLE: BFR DET:
  R/R ROLE: P  LIVING ARRANGEMENT:          HSPNC ORGN: N  REL:
- 00001447  BLUE      BEY              CH ALG: PHA
  AGE:  11  DOB: 01/01/2000 SEX: M ETH: AI  FAM ROLE: SON DET: SUB
  R/R ROLE: V  LIVING ARRANGEMENT: MBB     HSPNC ORGN: N  REL: BMR
                                                ALG:
-  AGE:      DOB:          SEX:  ETH:      FAM ROLE:      DET:
  R/R ROLE:  LIVING ARRANGEMENT:          HSPNC ORGN:      REL:
                                                ALG:
-  AGE:      DOB:          SEX:  ETH:      FAM ROLE:      DET:
  R/R ROLE:  LIVING ARRANGEMENT:          HSPNC ORGN:      REL:

PATH: █
```

**Field Descriptions** (F12) indicates code lookup is available.

\*NOTE: CPS, CFS and CPI report categories must go through Centralized Intake (with the exception of tribal social services). For these categories, a majority of the fields on RRD2 will be defaulted from the CID2 (Centralized Intake Detail 2) screen. If the details are displayed in yellow, they can be modified. If the details are displayed in blue, they cannot be modified. For all other report categories, you can tab to the enterable fields and the system will identify any required fields.

### PAGE NO

This field will display the current page number. If there is another page of information, a MORE indicator will display to indicate there are additional pages. The next page can be accessed by pressing the F8 key. The previous page can be accessed by pressing the F7 key.

### R/R NUMBER

This field will display the report number for the report.

#### **CATG (F12)**

This field will display the current category for the report. *If necessary, the report category can be changed on the RRD2 screen by the appropriate supervisor.*

#### **DATE**

This field will display the date displayed in the INV START DATE field on the RRD1 (Report/Request Intake Detail 1) screen.

#### **ASSGN TO (F12)**

This field will display the C number of the current assigned worker for the report.

#### **PROVIDER**

This field will display the provider number displayed in the PROV NO field on the RRD1 (Report/Request Intake Detail 1) screen (if one was entered.)

#### **ALG (F12)**

If a provider number is displayed, enter the appropriate allegation code(s) for the provider. *Up to three allegation codes can be entered.*

#### **SEL**

On the select line, enter “A” if you want to add a person to the list, “M” if you want to modify a person on the list or “D” if you want to delete a person from the list. *The “R” (relation) and “P” (primary) codes are used to create relationships on the RELL (Relationship List) screen. Steps on how to do this are listed in the “additional information” section at the bottom of this document.*

#### **CAPS-ID (F12)**

Enter the CAPS ID of the person you want to add to the list. *Pressing F12 will access the PERS (Person Search) screen. You can search for and select any known person to the system from the PERL (Person List) screen by selecting them with an “S”.*

#### **FIRST**

This field will display the first name of the person whose ID is entered in the CAPS ID field (first name that displays on the PERD (Person Detail) screen.)

#### **LAST**

This field will display the last name of the person whose ID is entered in the CAPS ID field (last name that displays on the PERD (Person Detail) screen.)

#### **SUFFIX**

This field will display the suffix for the person whose ID is entered in the CAPS ID field (suffix that displays on the PERD (Person Detail) screen, if one was entered.)

#### **CATG (F12)**

Enter the appropriate person category for the person. *In most cases, this will be “AD” (adult associated with child) or “CH” (child).*

**ALG (F12)**

Enter the appropriate allegation code(s) for the person. *Up to four allegation codes can be entered and allegations can only be entered for persons with a report role code of "V" (victim) or "B" (both).*

**AGE**

This field will display the age of the person whose ID is entered in the CAPS ID field (age based on date of birth that displays on the PERD (Person Detail) screen, if one was entered.)

**DOB**

This field will display the date of birth for the person whose ID is entered in the CAPS ID field (date of birth that displays on the PERD (Person Detail) screen, if one was entered.)

**SEX (F12)**

This field will display the sex of the person whose ID is entered in the CAPS ID field (sex code that displays on the PERD (Person Detail) screen, if one was entered.)

**ETH (F12)**

This field will display the ethnicity of the person whose ID is entered in the CAPS ID field (first ethnicity code that displays on the PERD (Person Detail) screen, if one was entered.)

**FAM ROL (F12)**

Enter the appropriate family role code for the person.

**DET (F12)**

Enter the appropriate determination code(s) for each of the allegations. *Every allegation must have a determination entered before the report can be closed. If substantiating the allegation, you must enter SUP (substantiation pending) in order to allow due process to the perpetrator (fair hearing request).*

**R/R ROLE (F12)**

Enter the appropriate report role code for the person.

**LIVING ARRANGEMENT (F12)**

Enter the living arrangement for the child (victim) during the time of the investigation. *This is only required on victims and if allegations are substantiated.*

**HSPNC ORGN**

This field will display the Hispanic origin flag of the person whose ID is entered in the CAPS ID field (flag that displays on the PERD (Person Detail) screen, if one was entered.)

### REL (F12)

For any allegation codes, enter the appropriate perpetrator relationship code. *This is the perpetrator's relationship to the victim and is only required if allegations are substantiated.*

### Additional Information

Do not add any additional "unknown" persons to CAPS. The CAPS system provides several "unknowns" to fit most categories. Select the "unknown" that most closely fits the referral information.

The following is a list of CAPS ID numbers for UNKNOWNNS:

130223 = UNK CAPS, ADULT  
130224 = UNK CAPS ADULT, FEMALE  
130225 = UNK CAPS ADULT, MALE  
130226 = UNK CAPS, CHILD  
130227 = UNK CAPS CHILD, FEMALE  
130229 = UNK CAPS CHILD, MALE

\*See Children's Services Policy and Procedures Manual Section 202-2 and 202-3.\*

Setting up relationships on RRD2 using "P" and "R" select codes:

- 1) Before you begin, it is best to ensure that each person listed on RRD2 has a FAM ROLE identified. If entered, these family roles will carry over to the relationship list automatically and will require few additions/changes when building relationships.
- 2) Enter a "P" (primary) on the select line next to the first person and an "R" (relation) on the select line next to all other listed persons. Press F10 to access RELL (Relationship List).
- 3) On RELL, notice that the person marked with a "P" is at the top of the screen and all persons marked with an "R" are on the list. The family roles that were entered on RRD2 are also defaulted in for each person.
- 4) Verify that the listed REL TYP is appropriate for each person listed. For example, BMR is the defaulted relationship for Jerri because that was the family role listed on RRD2. However, Jerri is NOT Billy's Birth Mother. Therefore, you would want to TAB to the BMR code, press F12 and select the appropriate relationship (spouse). The relationship codes for Dawnna and Dustin are appropriate.
- 5) Once you have made adjustments to the relationship type, as necessary, press ENTER to return to the RRD2 screen.
- 6) Repeat these steps for each person listed on RRD2, making each person a primary and relating the other persons to that primary.



### *RRD3-Report/Request Intake Detail 3*

```
CAFSRRD3          REPORT/REQUEST INTAKE DETAIL 3      04/10/2008    15:37
USER ID : CS4566   MODIFY
R/R NUMBER: 0001350 CATG: CPS CHILD PROT   DATE: 03/01/08  ASSGN TO: C74142SW

THIS SCREEN CAN BE USED TO RECORD MISCELLANEOUS INFORMATION REGARDING THE INTAKE
AND/OR THE INVESTIGATION. THIS SCREEN IS NOT REQUIRED. THE WORKER HAS 18 LINES
OF AVAILABLE SPACE FOR TEXT.

                                                                    PATH:
```

- This screen is used to enter comments associated with the report/referral from RRD1 and/or RRD2.
- To access this screen type RRD3 in the PATH from either RRD1 or RRD2. (Be sure to UPDATE RRD1/RRD2 before accessing RRD3)
- Up to 18 lines of comments can be written

## *R/R CATEGORIES - WHEN TO USE A CODE, AND WHO GETS ALERTED*

- ✚ If the report category is CPS, a provider number IS entered on CID1/RRD1, and individual CAPS IDs are NOT entered on CID2/RRD2:
- 1) The provider number will automatically carry over to CID2/RRD2.
  - 2) An alert is generated to the assigned worker of the provider/facility (Report ##### on provider ##### please read.)
  - 3) An alert is generated to the assigned worker of any client placed with that provider/facility (Allegation recd for provider #####. Check client #####.)
  - 4) An allegation and determination must be entered for the provider on RRD2 before the system will allow closure of the report.
  - 5) Because the category is CPS, only CPS-related allegations and determinations can be entered on CID2/RRD2. For example, the system will not allow an allegation of LIC (Licensing Violation) or determinations of LVS/LVU (Licensing Violation Substantiated/Unsubstantiated.)
- ✚ If the report category is CPS, a provider number IS NOT entered on CID1/RRD1, and individual CAPS IDs ARE entered on CID2/RRD2:
- 1) If a CAPS ID on CID2/RRD2 is identified as a perpetrator, an alert is generated to the assigned worker of any facility that ID is associated with (Provider ##### / Employee ##### indicated as perpetrator) as long as that individual has been entered on PRPL/PRPD for the facility.
  - 2) An allegation and determination must be entered on RRD2 before the system will allow closure of the report. Because allegations/determinations are not tied to a perpetrator, individual CAPS IDs for victims would also need to be entered on CID2/RRD2.
  - 3) An alert is generated to the assigned worker of a client if they are an individual associated to a report regardless if they are identified as a perpetrator or a victim (Report ##### received for client ##### on 01/01/02.)
- ✚ If the report category is CPS, a provider number IS entered on CID1/RRD1, and individual CAPS IDs ARE entered on RRD2:
- 1) All of the above would apply, depending on what the worker entered (i.e., is the allegation against the provider/facility as a whole, or against an individual associated with that provider/facility.) Either way, as long as the person is associated to the provider/facility on PRPL/PRPD, the assigned worker for that provider/facility will receive an alert that the report was received.
  - 2) If the allegation is against an INDIVIDUAL associated with the facility, that individual's name should be what is entered in the REPORT NAME field on CID1/RRD1.

✚ If LIC is used:

- 1) LIC should only be used if the allegation is a licensing issue (i.e., exceeding maximum number of children licensed for, license has expired but still providing care, etc.) If the allegation is one of abuse or neglect, then the category of CPS should be used.
- 2) LIC category will require a provider number on CID1/RRD1.
- 3) An allegation and determination must be entered on RRD2 before the system will allow closure of the report.
- 4) Because the category is LIC, only LIC-related allegations and determinations can be entered on CID2/RRD2.
- 5) An alert is generated to the assigned worker of the provider/facility (Report ##### on provider ##### please read.)
- 6) An alert is generated to the assigned worker of any client placed with that provider/facility (Allegation recd for provider #####. Check client #####.)

✚ If LII is used:

- 1) LII should only be used for licensing information requests (somebody not currently licensed and wanting to become licensed) or for referrals against a non-licensed provider.
- 2) NO ALERT is sent out for LII requests because they are not tied to a specific provider number. For example, if it is a report being called in on somebody that is providing care to several children, and the reporter does not believe that person is licensed, it is up to the worker entering the report or the assigned worker of that report to follow up with any investigation on these issues.

## *REPORT/REQUEST CHANGES AFTER CLOSURE*

Once a report has been closed on RRD1, you can no longer modify any of the information that is displayed on the RRD1, RRD2 or RRD3 screens for that report. However, there is an individual in each region that has the “supertask” authority to make changes to that information on closed reports.

This is how the process works:

If you make an error entering the report, such as the wrong information and the report has been closed or those fields are protected, you would contact your supervisor and identify what you need changed. The supervisor would review the request for change and send it to the supertask person in the region to make the change. This person would then make the change. If there is a disagreement regarding if a change should be made, the regional administrator has the final decision.

If a supervisor or regional administrator, upon case review, disagrees with the determination made on a report, they would contact the supertask person in the region who makes the changes (cc to the RA, if applicable) with that information and comments as to why the change is being requested. This person would then make the change, adding the comments to Docgen Notes or RRD3 as appropriate. If there is disagreement regarding proposed changes, the regional administrator has the final decision.

If a case is reviewed and changed by the substantiation review panel, the panel coordinator will notify the supertask person in the region (cc to the RA) and give them the information from the review. This person would then enter the information in NOTES (DocGen) or RRD3 and if the determination was reversed, they would also make that change (a determination code of UNX-Unsubstantiated After Review will be used for determinations that were changed after review.)

Drug tracking information can also be changed by the supertask person after the report has been closed, if necessary.

To obtain a list of staff who have the ability to change data on a report once it has been closed, access the SPTK (Supervisory Task List) screen, TAB to the SUPERTASK CODE field and enter RRC (Report Review Committee.) This will give you the list of workers, by region. Workers identified with a “P” level are the primary contact. Some Central Office staff is listed in order to make updates on reports when fair hearings are requested/conducted.

## RBCL - Report Background Check List

CMFSRBCL REPORT BACKGROUND CHECK LIST 09/16/2011 9:57  
 USER ID: C7TR17 PAGE NO: 1

CAPS ID: 00002197 CAMRIN HORNE  
 TO SELECT, ENTER I=INQUIRE

C number of the current assigned worker – can F12 to see who it is.

SEL	RPT NO	DATE RECEIVED	R/R CAT	STS	REPORT NAME	DETERMIN END DATE	WORKER ASSGND
—	0001072	11/17/2010	CPS	0	HORNE		C7TR15
—	0001079	07/01/2011	CPS	0	MOGSTAD		C7TR15
—	0001078	06/01/2011	CPS	0	SNELLMAN		C7TR15
—	0001073	12/01/2010	CPS	0	STALLINGS		C7TR15
—	0001020	12/09/2004	CPS	0	HALMONT BILLY		C7TR22
—	0001019	12/09/2004	CPS	0	GAFFNEY BILLY		C7TR21
—	0001018	12/09/2004	CPS	0	FISCHER BILLY		C7TR20
—	0001017	12/09/2004	CPS	0	ENHELTER BILLY		C7TR19
—	0001014	12/09/2004	CPS	0	BACON BILLY		C7TR16
—	0001025	12/09/2004	CPS	0	HARRIS BILLY		C7TR27
—	0001024	12/09/2004	CPS	0	PRICE BILLY		C7TR26
—	0001015	12/09/2004	CPS	0	COLBERT BILLY		C7TR17
—	0001016	12/09/2004	CPS	0	DRYNAN BILLY		C7TR18
—	0001071	11/17/2010	CPS	0	HORNE		C7TR15

If the report is in "C" (closed) status, the determination end date for the listed report displays

PATH: █

- This screen displays a list of reports that contain the identified CAPS ID and have a substantiation determination associated to the report.
- The substantiation does not, necessarily, have to be on the person the background check is being performed on.
- Reports will appear on the list if there are any of the following determinations on the report:
  - AJP – Adjudication Pending: YINC Pending
  - CCP – Criminal Charges Pending
  - FHR – Fair Hearing Requested
  - IND – Indicated Maltreatment Occurred – Unable to Substantiate
  - LGP – Pending Per Legal Agreement/Settlement, See CPS Program
  - LVS – Licensing Violation Substantiated
  - SUB – Substantiated Abuse, Neglect or Exploitation
  - SUD – Substantiated/Indicated Child Abuse Resulted in Death
  - SUP – Substantiation Pending
- You can inquire on up to 50 reports at a time. Then on the RRD1 (Report/Request Intake Detail 1) screen, press F7/F8 to page through the reports.

# **CLIENT SETUP**

**Assignments & Transfers**

**Security and Access**

**Client Setup**

**Client Details**

**Building Client History**

CAFSAXED	ASSIGNMENTS/TRANSFERS DETAIL	02/10/2011	7:46
USER ID : C7TR15			
ENTER ENTITY TYPE BEING PROCESSED (C-CLIENT, F-FACILITY, P-PERSON OR R-REPORT): C			
PROCESSING CLIENT : 0002107			
NAME : ABBOTT, DAWNNA			
FUNCTION : S (ENTER A=ASSIGN, T=TRANSFER, R=READ ONLY, S=SHARE)			
COURTESY SUPERVISED?: Y			
FROM USER : C7TR15 FIFTEEN, TRAINEE			
TO USER : C7TR16 SIXTEEN, TRAINEE			
TYPE : P (T=TEMPORARY, P=PERMANENT)			
ENTER START DATE OF TRANSFER OR CLIENT EFFECTIVE DATE: 02/10/2011 END DATE: 99/99/9999			
IS THIS A PRIVATE ADOPTION AGENCY CLIENT (Y/N)? :			
Remember to Shift+F4 to Confirm your entry!			
FS900354 TO CONFIRM, PRESS F16(SHIFT+F4)			. PATH: <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span>

Type codes for  
**ENTITY TYPE**,  
**PROCESSING**  
**#**, **FUNCTION**  
fields & press  
Enter if you want  
CAPS messages  
to guide you in  
completing the  
rest of the  
required fields.

- The process of assigning a person to a worker makes the person a client.
- This screen can be used to:
  - Assign a person to a worker
  - Assign a client to a worker
  - Re-assign a closed client to a worker
  - Supervisor can assign a client to a worker
  - A worker can assign closed clients to their own caseload
  - A worker can share or grant temporary read only access for an entity.
- The F10 key allows you to select other persons from RELL (Relationship List) screen so multiple persons can be assigned to a worker at one time
- The system will not allow the worker to TRANSFER a client if
  - The client has any services that have any PENDING approval status

- The client has any payments that are in UNAPPROVED, INCOMPLETE or MAILED status. Contact Central Office if the system stops you from transferring due to payment details, as they can take care of these for you
- It is VERY IMPORTANT that if a transfer is taking place between agencies (i.e., DPHHS to DOC) that the transfer is done promptly. This does affect funding source information for the new worker if not done immediately.
- When a transfer occurs, an event record is created and stored in the system
- ASSIGNMENT – This grants permanent access to the worker assigned. Requires:
  - **Entity Type**
  - **Processing field** = ID number (CAPS ID, if assigning individual to yourself)
  - **Function** = A
  - **To User** = (c number)
  - **Client Effective Date**
  - **Private Adoption indicator**
- TRANSFER - This grants permanent/or temporary access to another worker for a client, facility or report. CAPS defaults the Client Effective Date to the current system date. Requires:
  - **Entity Type**
  - **Processing field** = ID number
  - **Function** = T
  - **To User** = (other worker's c number)
- SHARED ACCESS - This grants shared permanent/temporary write access of a client to multiple users at one time. CAPS defaults the Client Effective Date to the current system date. Requires:
  - **Entity Type**
  - **Processing field** = ID number
  - **Function** = S
  - **Courtesy Supervised** = Y/N (only for sharing of **clients**)
  - **To User** = (other worker's c number)
  - **Type** = T (temporary) or P (permanent). If T, **End Date** is also required.

**Note:** To terminate shared access, a Release is performed by entering an 'R' on the CSLL (Caseload List) screen of the worker who with shared access.
- READ ONLY - This grants temporary read only access with an expiration date no greater than five days. CAPS defaults the Client Effective Date to the current system date. If the End Date and Type fields are left blank, CAPS defaults the End Date to 5 days past current date, and the Type of T (Temporary).
  - **Entity Type**
  - **Processing field** = ID number
  - **Function** = R
  - **To User** = (other worker's c number)



CAFSCSL  
USER ID : CS4566

CASELOAD LIST

07/05/2006 14:49  
PAGE NO: 3

DISPLAY C=CLIENTS,R=REPORTS OR B=BOTH: B VIEWING CASELOAD OF USER: CS4566  
TO SELECT, ENTER S=SELECT, R=RELEASE OR T=TRANSFER

Client Placement History List

REPORT/ SEL	CAPS-ID	NAME	DATE	TYP	GOAL	IND	CLNT	CPHL
—	00002058	SCHAFER, JEREMY	03/10/99	A			C	
—	00002059	SCHAFER, MARY A	03/10/99	A			C	
—	00002082	SMITH, JOAN	03/10/99	A			C	
—	00002088	WASHINGTON, CAIN	03/10/99	A			C	P
—	00001028	ABBOTT BILLY	07/05/06	R			R	
—	00001006	CARL CLARK	03/10/99	A			R	
—	00001005	CAROLYN HAMMOND	03/10/99	A			R	
—	00001007	HOPE ROBINSON	03/10/99	A			R	
—	00001004	JUANITA GARCIA	03/10/99	A			R	
—	00001002	LARRY CARSON	03/10/99	A			R	
—	00001003	OLE AND ANN GUSTOVSON	03/10/99	A			R	
—	00001001	PATRICIA KASKE	03/10/99	A			R	

PINK HIGHLIGHTED RECORDS INDICATE READ-ONLY ACCESS

PATH:

TYP:  
A(ssigned)  
S(hared)  
R(ead only)

- The Caseload List screen is used to select an open or closed client, a referral or a provider to work on or to transfer authority to another worker
- CSLL defaults to display B(oth) clients and reports for your caseload. You can update to display only clients (C) or only reports (R).
- Supervisors can also update the CASELOAD to view the caseload of one of their workers
- When a record is selected with an S, the client, provider or report is activated
  - When ENTER is pressed, CLID, FACD or RRD1 will be displayed depending on if the selection is a client, a provider or a report
  - Any screen accessed after this selection will contain data on the selected client, provider or report, until you change to a new one by typing the new one's number
- If the user transfers a client (or provider or report) by selecting with a T, the AXED (Assignment Detail) screen will be displayed
  - Multiple transfers or the transfer of an entire caseload is accomplished by selection of each client with the option (T)
  - The user will then cycle through the transfer screen for each selected client, provider or report to enter the new worker number for transfer
- If you are granted shared or read only access, you can use R to release it on CSLL

## RELL - Relationship List

```
CAFSRELL                                RELATIONSHIP LIST                                07/05/2006   14:50
USER ID : CS4566    MODIFY                PAGE NO:    1
CAPS ID : 00002084    25    NAME: FURST, EVE

TO SELECT, ENTER I=INQUIRE, M=MODIFY, C=COPY OR D=DELETE

REL                                     --INDICATORS--
SEL TYP DESCRIPTION                     NAME                     HH PC LC FR SD CAPS ID
- SFR STEP FATHER                       WASHINGTON, GEORGE      N  N  N              00002086
- BRO BROTHER                           FURST, ADAM            N  N  N              00002089
- STB STEP BROTHER - MARR WASHINGTON, CAIN      N  N  N              00002088
- BMR BIRTH MOTHER                     WASHINGTON, MARTHA      N  N  N              00002087
- STB STEP BROTHER - MARR WASHINGTON, ABLE      N  N  N              00002085
```

This REL TYP code reflects how the listed person is related to Eve.

FS900001 NEW INFORMATION DISPLAYED . PATH: █

- This screen will display a list of other persons in the system that are associated with a specific person and describe their relationship to that person
- A person must have a CAPS ID in order to form a relationship with a primary person
- You can INQUIRE, MODIFY, COPY or DELETE relationship information
  - The primary person in the relationship is the person to whom all other persons are being associated
  - You can “C” (COPY) certain details to be associated with multiple people
- To ADD a person you would use the F11 function and add on the RELD (Relationship Detail) screen
  - If you do not know the CAPS ID for a person you want to ADD then you will have to do a person search
- SD (Secured Description): If a person’s relationship is perpetrator, then a relationship of perpetrator would be indicated in the secured description on RELD
  - CAPS then creates the reverse relationship (RVS) for the victim to the perpetrator

*RELD - Relationship Detail*

```
CAFSRELD                                RELATIONSHIP DETAIL                07/05/2006   14:51
USER ID : CS4566    MODIFY
CAPS ID : 00002084    25    NAME: FURST, EVE

PRIMARY PERSON CAPS ID : 00002084 NAME : FURST, EVE
                                ADDRESS: 1045 N MONTANA AVE
                                HELENA                                MT 59601 - 3575
-----
PERSON ASSOC W/PRIMARY : 00002087 NAME : WASHINGTON, MARTHA
HOUSEHOLD IND (O/S)    : O    ADDRESS:
PHYSICAL CUSTODY       : N
LEGAL CUSTODY          : N    -
FINANCIALLY RESPONSIBLE: Y

RELATIONSHIP TYPE      : BMR BIRTH MOTHER
SECURED DESCRIPTION    :

COMMENTS :
COMMENTS REGARDING THE RELATIONSHIP MAY BE ENTERED HERE

SHFT+F12=FILL

                                PATH:
```

- This screen is used to DISPLAY, MODIFY or ADD detail relationship information for a person who is related to a primary person
- Household Ind (O/S): Enter O if the person you are adding (Martha) resides in the same house as the primary person (Eve in this example).
- Physical Custody: Enter Y if Martha has physical custody of Eve
- Legal Custody: Enter Y if Martha has legal custody of Eve
- Financially Responsible: Enter Y if Martha is financially responsible for Eve
- The secured description field is only accessible to a worker with the appropriate security
  - This information can describe the relationship to a person, such as victim, perpetrator or possibly both
- After updating RELD and pressing Enter, additional relationships can be added to the primary by pressing the F11 key

## SETTING UP RELATIONSHIPS FROM RRD2

Before you begin, it is best to ensure that each person listed on RRD2 has a FAM ROLE identified. If entered, these family roles will carry over to the relationship list automatically and will require few additions/changes when building relationships.

```
CAFSRRD2          REPORT/REQUEST INTAKE DETAIL 2      05/20/2009   14:25
USER ID : C7TR15   MODIFY                                PAGE NO:    1
R/R NUMBER: 0001028 CATG: CPS CHILD PROT DATE: 12/09/2004 ASSGN TO: C7TR15
PROVIDER:         000                                ALG:
                                                    DET:

TO SELECT, ENTER D=DELETE, A=ADD, M=MODIFY, R=RELATION, P=PRIMARY
SEL CAPS-ID  FIRST      LAST      SUFX  CATG
p 00002110  BILLY      ABBOTT      AD  ALG:
AGE: 50 DOB: 10/16/1958 SEX: M ETH: CA FAM ROLE: BFR DET:
R/R ROLE: P LIVING ARRANGEMENT: REL:
r 00002111  JERRI      ABBOTT      AD  ALG:
AGE: 49 DOB: 04/14/1960 SEX: F ETH: CA FAM ROLE: BMR DET:
R/R ROLE: P LIVING ARRANGEMENT: REL:
r 00002112  DAWNNA     ABBOTT      CH  ALG: PHN PHA
AGE: 12 DOB: 10/06/1996 SEX: F ETH: CA FAM ROLE: DAU DET:
R/R ROLE: V LIVING ARRANGEMENT: REL: BMR BFR
r 00002113  DUSTIN     ABBOTT      CH  ALG: PHN PHA
AGE: 10 DOB: 12/17/1998 SEX: M ETH: CA FAM ROLE: SON DET:
R/R ROLE: V LIVING ARRANGEMENT: REL: BMR BFR
— AGE:      DOB:      SEX:    ETH:    FAM ROLE:  DET:
R/R ROLE:    LIVING ARRANGEMENT: REL:

PATH: █
```

Enter a “P” (primary) on the select line next to the first person and an “R” (relation) on the select line next to all other listed persons. Press F10 to access RELL (Relationship List).

On RELL, notice that the person marked with a “P” is at the top of the screen and all persons marked with an “R” are on the list. The family roles that were entered on RRD2 are also defaulted in for each person.

```

CAFSRELL                                RELATIONSHIP LIST                                05/20/2009    14:33
USER ID : C7TR15    ADD                                PAGE NO:    1
CAPS ID : 00002110    00    NAME: ABBOTT, BILLY

TO SELECT, ENTER I=INQUIRE, M=MODIFY, C=COPY OR D=DELETE
REL
SEL TYP DESCRIPTION NAME --INDICATORS-- CAPS ID
BMR BIRTH MOTHER ABBOTT, JERRI N 00002111
DAU DAUGHTER ABBOTT, DAWNNA N 00002112
SON SON ABBOTT, DUSTIN N 00002113

FS901638 SCREEN IS IN ADD MODE FROM THE CID2/RRD2 SCREEN . PATH: RRD2

```

Verify that the listed REL TYP is appropriate for each person listed. For example, as shown above, BMR is the defaulted relationship for Jerri because that was the family role listed on RRD2. However, Jerri is NOT Billy’s Birth Mother. Therefore, you would want to TAB to the BMR code, press F12 and select the appropriate relationship (spouse). The relationship codes for Dawnna and Dustin are appropriate.

Once you have made adjustments to the relationship type, as necessary, press ENTER to return to the RRD2 screen.

**Repeat these steps for each person listed on RRD2, making each person a primary and relating the other persons to that primary.**

### SETTING UP RELATIONSHIPS FROM REL

```
CAFSRELL                      RELATIONSHIP LIST                      05/20/2009   14:42
USER ID : C7TR15  MODIFY                      PAGE NO:   1
CAPS ID : 00002113  00  NAME: ABBOTT, DUSTIN

TO SELECT, ENTER I=INQUIRE, M=MODIFY, C=COPY OR D=DELETE
REL                                --INDICATORS--
SEL TYP DESCRIPTION                NAME                HH PC LC FR SD  CAPS ID
-   -   -   -   -   -   -   -   -   -   -   -   -   -
-   SIS SISTER                    ABBOTT, DAWNNA                N  N  N          00002112
-   BMR BIRTH MOTHER              ABBOTT, JERRI                 N  N  N          00002111
-   BFR BIRTH FATHER              ABBOTT, BILLY                 N  N  N          00002110

                                     PATH: █
```

To add a relationship directly from REL (Relationship List), type in the CAPS ID of the primary person you want to add the relationship to. Press F11 to access RELD (Relationship Detail).

```
CAFSRELD                      RELATIONSHIP DETAIL                    05/20/2009   14:44
USER ID : C7TR15  MODIFY
CAPS ID : 00002113  00  NAME: ABBOTT, DUSTIN

PRIMARY PERSON CAPS ID : 00002113 NAME : ABBOTT, DUSTIN
ADDRESS:

-----
PERSON ASSOC W/PRIMARY : 00002001 NAME : ANDERSON, JEAN
HOUSEHOLD IND (O/S)    : O      ADDRESS:
PHYSICAL CUSTODY       : N
LEGAL CUSTODY          : N
FINANCIALLY RESPONSIBLE: N

RELATIONSHIP TYPE      : MAA  MATERNAL AUNT
SECURED DESCRIPTION    :

COMMENTS :
GENERAL COMMENTS MAY BE ENTERED HERE

SHFT+F12=FILL

                                     PATH: █
```

On RELD, all information above the dashed line will default in for the primary person.

Your cursor will default to the PERSON ASSOC W/PRIMARY field. Enter the CAPS ID of the person you are adding as a relation. (You can also press F12 to access Person Search – search for the person and select them from Person List with an “S” – this will bring them back to RELL.)

HOUSEHOLD IND (O/S) = enter an “O” if the person you are adding resides in the same house as the primary person. Enter an “S” if the person you are adding does not reside in the same house as the primary person.

PHYSICAL CUSTODY = enter a “Y” if the person you are adding has physical custody of the primary person. Enter an “N” if the person you are adding does not have physical custody of the primary person.

LEGAL CUSTODY = enter a “Y” if the person you are adding has legal custody of the primary person. Enter an “N” if the person you are adding does not have legal custody of the primary person.

FINANCIALLY RESPONSIBLE = enter a “Y” if the person you are adding is financially responsible for the primary person. Enter an “N” if the person you are adding is not financially responsible for the primary person.

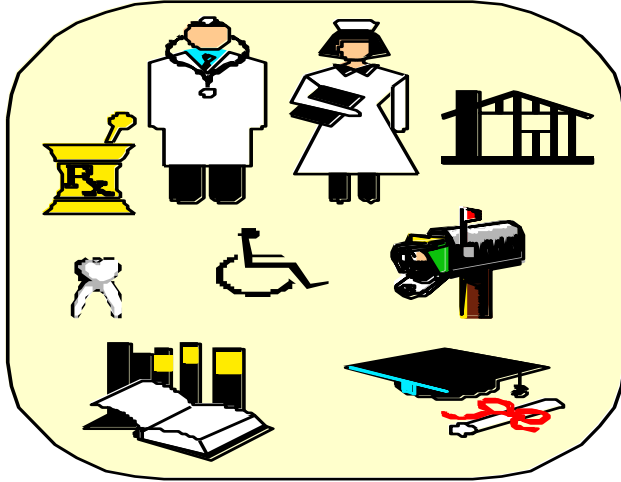
RELATIONSHIP TYPE = press F12 and select the appropriate relationship type.

SECURED DESCRIPTION = press F12 and select the appropriate description of the relationship between these two persons is a perpetrator/victim relationship.

COMMENTS = any general comments regarding the relationship can be entered here.

When you are done entering all the fields, press ENTER to update. If you have another relationship you need to add press F11 to add the next relationship.

## CLIENT HISTORY SETUP



CS-04

- After a person has been assigned a CAPS ID or found to already have a CAPS ID, detailed information can be entered/updated in the system
- The worker can ADD, MODIFY or DELETE information; some screens require the person to be a client, and others can be updated for a person
  - You can enter new or update existing information
    - Address information (updateable for a person)
    - Client Detail information
    - Indian Child Welfare information (updateable for a person)
    - Special Needs information
    - Educational information (updateable for a person)
    - Medical information (updateable for a person)
    - Relationships information (updateable for a person)
    - Financial/Employment information (updateable for a person)



*ADDL -Address List*

CAFSADDL		ADDRESS LIST		07/05/2006		14:57
USER ID : CS4566				PAGE NO:		1
CAPS ID : 00002084		25	NAME: FURST, EVE			
TO SELECT, ENTER I=INQUIRE, M=MODIFY OR D=DELETE						
START						
SEL	DATE	ACT	TYP	ADDRESS	CITY	ST DIR
-	12/20/97	Y	P	1045 N MONTANA AVE	HELENA	MT
-	12/20/97	Y	R	1010 FRANK ST	HELENA	MT
-	12/20/97	N	P	PO BOX 7616	MISSOULA	MT
-	12/20/97	N	P	50 S LAST CHANCE GULC	HELENA	MT
-	12/20/97	N	P	3075 N MONTANA AVE	HELENA	MT
						PATH: █

- The Address List screen is used to display a history of addresses associated to a person in the CAPS system
  - The most recent record is displayed at the top of the list
  - The person may have only one open MAILING address, only one open RESIDENCE address but you may have multiple ALTERNATE addresses at a time
  - The last address remains active until a new one of that type is added (except Alternates; there can be multiple active alternate addresses)
- An address is not pulled from RRD1; that address is connected to the report, not to a person
- On this screen you can INQUIRE, MODIFY or DELETE an address

## ADDD - Address Detail

```
CAFSADDD                                ADDRESS DETAIL                                07/05/2006    14:57
USER ID : CS4566    MODIFY
CAPS ID : 00002084    25    NAME: FURST, EVE

                                LAST UPDT: 07/05/2006 BY: CS4566    REYNOLDS, MARY
ADDRESS TYPE : R    RESIDENCE (PHYSICAL)
WHOSE ADDRESS : SLF    SELF
ADDRESS LINE1 : 1010 FRANK ST
                LINE2 :
CITY          : HELENA
STATE         : MT    ZIP CODE : 59601 -
FOREIGN ADDR :
COUNTRY       :
COUNTY       : 25    LEWIS & CLARK
TELEPHONE     :

                                CANADIAN PROV:

START DATE    : 12/20/1997    END DATE : 99/99/9999

DIRECTIONS    : APARTMENT BUILDING LOCATED BEHIND DIAMOND CONSTRUCTION
                :
                :

                                PATH:
```

Zip tip: Enter 9's if you do not know a Montana city's zip code

- The Address Detail screen is used to DISPLAY, MODIFY and ADD information about a person's address
  - Address types are Alternate, Mailing, Placement, Residence, Warrant (payment address); and Law Enforcement and CCUBS (Child Care) address types are automatically created by CAPS and cannot be manually entered
- Using the F10 function key you may associate this address with other persons on RELL (Relationship List)
- To ADD a new address, enter the TYPE and known data
  - START DATE is required; if no END DATE is entered, CAPS will input 99/99/9999 indicating that the address is still open
  - Must enter the area code for the TELEPHONE field; once you type the 10 digits and press Enter, CAPS formats the field (don't type dashes or parenthesis)
- When an address changes or is no longer valid, enter the corresponding end date
  - The closed record will continue to be stored as historical information
- The DIRECTIONS line may be used for directions, hazards or dangerous situations
- The date and name of the worker that last updated the screen will display

*CAPS COUNTIES*

Note: Judicial Districts indicated in parenthesis

1	BEAVERHEAD (5)	29	MCCONE (7)
2	BIG HORN (22)	30	MEAGHER (14)
3	BLAINE (17)	31	MINERAL (4)
4	BROADWATER (1)	32	MISSOULA (4)
5	CARBON (22)	33	MUSSELSHELL (14)
6	CARTER (16)	34	PARK (6)
7	CASCADE (8)	35	PETROLEUM (10)
8	CHOUTEAU (12)	36	PHILLIPS (17)
9	CUSTER (16)	37	PONDERA (9)
10	DANIELS (15)	38	POWDER RIVER (16)
11	DAWSON (7)	39	POWELL (3)
12	DEER LODGE (3)	40	PRAIRIE (7)
13	FALLON (16)	41	RAVALLI (21)
14	FERGUS (10)	42	RICHLAND (7)
15	FLATHEAD (11)	43	ROOSEVELT (15)
16	GALLATIN (18)	44	ROSEBUD (16)
17	GARFIELD (16)	45	SANDERS (20)
18	GLACIER (9)	46	SHERIDAN (15)
19	GOLDEN VALLEY (14)	47	SILVER BOW (2)
20	GRANITE (3)	48	STILLWATER (22)
21	HILL (12)	49	SWEETGRASS (6)
22	JEFFERSON (5)	50	TETON (9)
23	JUDITH BASIN (10)	51	TOOLE (9)
24	LAKE (20)	52	TREASURE (16)
25	LEWIS & CLARK (1)	53	VALLEY (17)
26	LIBERTY (12)	54	WHEATLAND (14)
27	LINCOLN (19)	55	WIBAUX (7)
28	MADISON (5)	56	YELLOWSTONE (13)

## CLID - Client Detail

CAFSCSID		CLIENT DETAIL		04/07/2010 10:57	
USER ID :	CS4566	MODIFY			
CAPS ID :	00002112	25	NAME:	COLBERT, DAWNNA	
ADDRESS LINE1 : 204 POWELL			OPEN FOR SERVICE (Y/N) : Y		
ADDRESS LINE2 :			EFFECTIVE DATE : 01/02/1998		
CITY : HELENA			CLOSURE DATE : 99/99/9999		
STATE/ ZIP : MT 59624 - 0778			CLNT CATEGORY : CH CHILD		
TELEPHONE : 406 442-3469			FINANCIAL CNTY: 25 LEWIS & CLARK		
WHOSE ADDRESS : PLP PLACEMENT PROVID			PLACEMENT TYPE: OUT OF HOME CARE		
HEIGHT : 4 8 WEIGHT : 105			EMERGENCY CONTACT PHONE: 406 443-6500		
HAIR : BRN BROWN			NAME : MARY REYNOLDS (AUNT)		
EYES : HZL HAZEL			BIRTHMOTHER MARRIED AT TIME OF BIRTH: Y		
BIRTH DATE : 08/10/1998 AGE : 11			PREVIOUSLY ADOPTED : N AGE :		
ETHNICITY : CA			PREGNANT - DUE DATE:		
HSPNC ORGN : N			SPECIAL NEEDS : Y NUMBER SIBLINGS: 1		
RELIGION : LUT LUTHERAN			SSN : 158-80-9866		
CITIZENSHIP: US U.S. CITIZEN					
SCHOOL NAME : FOUR GEORGIANS ELEM			EXPECT TO GRAD. BY AGE 19:		
CONTACT NAME : GEORGE GLOBE					
PHONE : 406 443-9510			DATE ENTERED 08/31/04 - LEFT 99/99/99		
			GRADE : K		
PATH:					

Check the CLNT CATEGORY field to quickly discern if CLID's been completed.

- This screen is used to capture and display detailed demographic information about a specific client
  - CLID must be completed before placements or services can be entered in CAPS
  - The EFFECTIVE DATE reflects the earliest date that may be used for dates such as ones associated with placements and services
  - Required fields on this screen are:
    - Birth date
    - Ethnicity
    - Hispanic Origin
    - Client Category
    - Financial County
    - Birthmother Married at Time of Birth (if Client Category is "CH" – child)
    - Previously Adopted (if Client Category is "CH" – child)
- These fields pull in from PERD.
- You can also enter EMERGENCY CONTACT PHONE & NAME
  - If the ETHNICITY code is American Indian (AI) or Alaskan Native (AN) the system will automatically take you to the ICWD (Indian Child Welfare Detail) screen

## ICWD - Indian Child Welfare Detail

```

CAFSICWD                                ICWA DETAIL                                07/05/2006    15:02
USER ID : CS4566    MODIFY
CAPS ID : 00002084    25    NAME: FURST, EVE

TO SELECT, ENTER A=ADD, M=MODIFY OR D=DELETE

  SEL  TRIB  TRIBE NAME  TRIBAL  ENROLLMENT  VERIF.SENT  TRIBAL
  ---  ---  ---        ---      ---          ---        ---
  -    CC  CHIPPEWA CREE  -      CC-101984  -          DEN
  -
  -
  -

LEGAL DOMICILE : ND    NOTIFY MOTHER : Y
                        FATHER : Y

COMMENTS :
      :

                                          PATH:
  
```

- Used to display/input detailed data on a specific American Indian or Alaskan Native person
- You will automatically come to this screen from the CLID (Client Detail) screen when you enter an American Indian or Alaskan Native ETHNIC CODE on a person indicated as CH in the CLNT CATEGORY field on CLID
- This is a REQUIRED screen and it must be completed within 30 days. An alert will be generated to the worker if this screen is not updated after 30 days.
  1. Worker fills in the TRIB CODE, ENROLLMENT NUMBER (if known), LEGAL DOMICILE, & NOTIFY MOTHER, NOTIFY FATHER fields
  2. Worker runs the D200 (Request for Verification of Status) in DocGen; CAPS populates the VERIF SENT field with the date. Note: In some offices, the County Attorney sends out request for verification letters to Tribesnot CPS worker. The CA provides a copy of the letter for the person's file/Doc Gen, and the CPS worker enters the date of correspondence in the Comments. Remember, there is also a DocGen for Notification of Judicial Proceedings (D105). Completed documents are saved as a note in the Doc Gen system.
  3. Worker gets word back from the tribe(s) and if an enrollment number is provided, they add it. A TRIBAL STATUS code and TRIBAL JURISD code can be entered. If the tribe indicates they are not affiliated or enrollable, the information is reflected in the comment section: Not enrollable. See correspondence dated xx/xx/xx.

## CLIENT DETAIL HISTORY



CS-05

- Detailed client information can be ADDED, MODIFIED or DELETED from the system
  - Special needs information
  - Education information
  - Medical information
  - Critical medical exam/diagnoses information
  - Prescription medication information
  - Employment information
  - Financial/resource information

*SPND - Special Needs Detail*

```

CAFSSPND                SPECIAL NEEDS DETAIL                07/05/2006    15:03
USER ID : CS4566        MODIFY
CAPS ID : 00002084      25      NAME: FURST, EVE

TO SELECT, ENTER A=ADD, M=MODIFY OR D=DELETE
SEL CD   DESCRIPTION          SUB   DESCRIPTION          CLINIC
                                DIAG &
                                DOCMT?
- EMD EMOTIONALLY DISTURBED   ATT ATTACHMENT DISORDER     Y
- HAN HISTORY OF ABUSE/NEGLECT PHA HISTORY OF PHYSICAL ABUSE
- HAN HISTORY OF ABUSE/NEGLECT PHN HISTORY OF PHYSICAL NEGLECT
- SUB SUBSTANCE ABUSE         PUA PARENTAL USE OF ALCOHOL
- SUB SUBSTANCE ABUSE         PUD PARENTAL USE OF DRUGS
- VHI VISUALLY OR HEARING IMPAI HEA HEARING IMPAIRED           Y
-
-
-
-
-
-
-
-
-
-
-

```

- This screen is used to identify a specific client's special needs and disabilities for service and placement matching
- You can enter a generic special needs code (in the left CD column) and then select a sub-code (in the right SUB column) to provide more specific information regarding that special need
- For certain special needs codes, you must also identify if the special need has been clinically diagnosed and documented. These special needs cannot be added to the screen until this flag can be answered with a "Y" (yes)
- You can ADD, MODIFY or DELETE special needs by placing the appropriate selection on the select line

The SSI Program, created by the Operations and Fiscal Bureau in February 2004, is responsible for the management of all Social Security claims and benefits for our foster children. The goal of the SSI Unit is:

“To actively and aggressively pursue SSI benefits for all eligible Montana children within the Foster Care System.”

We encourage the support and participation of Foster Care Families, Caregivers and their Social Workers to secure the optimum services and benefits available to Montana’s children.

*For more information & assistance, please contact the SSI Specialist for your Region:*

***Jill Jenneskens – 841-2438  
Region 5***

***Paddy Ferriter – 841-2441  
Region 4***

***Mary McGee – 841-2499  
Region 2 / Region 1 (Northern)***

***Elizabeth Skinner – 841-2444  
Region 3 / Region 1 (Southern)***

**DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES  
CHILD & FAMILY SERVICES DIVISION**

**SSI PROGRAM**

**Park Avenue Building  
301 South Park  
P.O. Box 8005  
Helena, MT 59604  
406-841-2400  
406-841-2487 (FAX)**



## PROTOCOL FOR SSI ELIGIBLE CLIENTS

**Please keep all CAPS screens updated timely and contact your SSI Specialist with any information or questions about SSI and SSB children or children you think may be or become SSI or SSB eligible.**

Please direct all matters related to Social Security to your region's SSI Specialist:

**Jill Jenneskens (841-2438)**

**Paddy Ferriter (841-2441)**

**Mary McGee (841-2499)**

**Elizabeth Skinner (841-2444)**

### INITIATING THE PAYMENTS:

When adding a placement service on SERP, the Social Worker will get an alert to consider applying for SSI for the child. If the child has an obvious physical/cognitive handicap (*such as developmental disabilities, speech impairment, mental retardation, deafness, blindness or cerebral palsy*) or the child has or appears to qualify for a mental illness diagnosis (*such as Depression, RAD, ADHD, FAS, etc.*), the Social Worker should contact their SSI Specialist to initiate an SSI claim. The Social Worker should be prepared to provide the SSI Specialist with:

- A copy of the current court order,
- Medical, Psychological and School reports from the child's file
- Any other records the SSI Specialist requests from the child's file

**Social Workers should NOT be completing ANY SSI, SSB or State Supplement applications.**

### ELIGIBILITY DATES:

Once the SSI claim is approved or the payee is changed, the SSI Specialist enters the date of eligibility on the APPL, APPD and CELL screens. Central Office generates a list of eligibility dates for children already receiving SSI. The Social Worker should contact the SSI Specialist to obtain dates or other Social Security information for children not on the list, or any other question regarding eligibility.

### STATE SUPPLEMENT PAYMENT:

The SSI Specialist will complete the DFS-108 application for the State Supplement which the Social Worker can view on DocGen. If there are any questions regarding a child's eligibility for this benefit, contact your SSI Specialist. **Social Workers should NOT complete DFS-108's or DFS-109's.**

### SERVICE AND PROVIDER CODES:

If the child is in family foster care, the current foster care services code needs to be changed. PFSSI (SSI foster care) and SPSNS (State Supplement payment) services should be added for the child's provider on the FSPL screen by the Social Worker for children in regular foster care, effective the first day of the month eligibility is indicated on CELL. This pays the foster parents at a slightly higher rate than regular foster care, and the entire SSI amount is paid out each month so the trust account does not exceed the \$2,000 limit. The PFSSI payment rate is crucial to be utilized for children in regular foster care to ensure that the child does not lose SSI eligibility. The SPSNS payment is required by ARM 11.5.410 if the child receives the State Supplement payment. If the child is in a group home placement, they will receive the State Supplement, but no changes to the service codes are needed.

Institutionalized children or children placed out-of-state are NOT eligible for the State Supplement.

### CHANGES:

The Social Security Administration requires the State comply with providing timely, accurate reports for children receiving any type of SSI or SSB benefits. All of the following are mandatory events the Social Worker needs to report by phone or email immediately to their SSI Specialist to assure the correct forms are completed:

- Placement changes (adoption, return to home, trial home visits, emancipation, new provider/facility, age 18, etc.)
- Child becomes employed and earns wages of any kind

**The Social Worker should enter the new information on the appropriate CAPS screens promptly and, if the child is employed, mail copies of ALL current and ongoing wage statements (SSA requirement).**

### SOCIAL SECURITY NOTICES:

Copies of SSA Notices verifying SSI and SSB award amounts, eligibility status, etc. will be forwarded to the Social Worker for the child's file. Generally, these copies are forwarded for information-only purposes and the Social Worker will not need to take any further action. The SSI Specialist will let the Social Worker know if any follow up is required. ***When in doubt, contact your SSI Specialist!***

## Social Security and Supplemental Security Income (SSI): What's the difference?

*There is often confusion about Social Security (SSB) and Supplemental Security Income (SSI).  
However, the programs are different...*

The Social Security benefit programs (SSB) are “**entitlement**” programs. This means workers, employers and the self-employed pay for the benefits with their Social Security taxes. The taxes collected are put into special trust funds. You qualify for these benefits based on your work history (or your spouse or parent). The amount of the benefit is based on these earnings, and does vary. When we apply for *these* benefits on behalf of a child, it is because a parent is either deceased or disabled, and the child is *entitled* to receiving a benefit from the taxes their parent paid into those special trust funds.

SSI is a “**needs based**” program for **disabled persons** with **limited income and resources**. General tax revenues pay for the program, not Social Security trust funds. The benefit amount is based on Federal and State laws, which take into account where you live, who lives with you and what income you receive. If a person qualifies *financially*, Social Security then determines whether they qualify *medically*. In order to qualify medically, a person must have a physical and/or psychological condition that is expected to last a year or more (*or result in death*), which severely limits their activities and meets the criteria for disability as defined by the Social Security Administration. When we apply for *these* benefits on behalf of a child, it is because they have been identified as having functional limitations (either physical or psychological), which prevent them from engaging in many of the activities “*normal*” children their age participate in. Because it is a *needs based* program, a final determination whether or not the child is eligible for SSI benefits rests with the SSA Commissioner.

### SOCIAL SECURITY BENEFITS (SSB)

#### BASED ON ENTITLEMENT:

- **Benefit Amount Varies:** Types, based on parent's earnings, include: Retirement, Survivor, Disability or Blindness;
- **NO** Income or Resource Limit;
- Living arrangements (where child lives and who lives with them) does **NOT** affect benefits.
- Child does **NOT** receive automatic Medicaid coverage – must apply for and often requires a Spend-Down or Cash Option plan.

#### REPORTING REQUIREMENTS:

- ✓ Report to SSA when the child enters or leaves State custody/Foster care;
- ✓ The State must verify the child's Student Status with SSA when he/she turns Age 18.

**THE STATE MAY USE ANY AVAILABLE FUNDING SOURCE (including IV-E) WITHOUT LIMITATIONS OR PENALTY!**

### SUPPLEMENTAL SECURITY INCOME (SSI)

#### BASED ON NEED:

- **Benefit Amount Fixed** (Currently \$674/month);
- Limited Income & Resources allowable;
- Benefits awarded due to the disability or blindness of child;
- Categorically-Eligible for Medicaid;

#### REPORTING REQUIREMENTS:

- ✓ **ALL Income & Resources** must be reported within 30 days of receipt.  
*This includes:* IVE funding, Child Support, Wages, Indian Monies, Property, Life Insurance, etc.
- ✓ Placement changes;
- ✓ Address changes;
- ✓ Cost-of -Care changes;
- ✓ Status Changes (*including Adoption, Emancipation & Return to Home*).

**THE STATE MAY NOT BE ABLE TO USE SSI & IV-E FUNDING CONCURRENTLY WITHOUT PENALTY AND POSSIBLE CESSATION OF SSI BENEFITS – CONSULT THE SSI UNIT!!!**

### *EDHL - Educational History*

```

CAFSEDHL                                EDUCATION HISTLY          02/08/2010   10:19
USER ID : CS4566      MODIFY              PAGE NO: 001
CAPS ID : 00002084    25      NAME: FURST, EVE

TO SELECT, ENTER A=ADD, M=MODIFY OR D=DELETE

SEL----SCHOOL NAME-----PHONE NUMBER-----CONTACT NAME-----
-----SPED--GRADE---ENTERED DATE--EXIT DATE---CMPL---REQUEST DATE--PROVD DATE--
- HELENA CAPITAL HIGH SCHOOL       406 449-1234 CALLIE SCHMIDT
  IE      9           09/03/2009   99/99/9999
- CR ANDERSON MIDDLE SCHOOL        406 443-1100 DANIEL WEBSTER
  IE      8           08/27/2008   05/30/2009   Y
-
-
-
-
-

```

- This screen is used to **DISPLAY**, **MODIFY** or **ADD** school history information pertaining to a specific client
- Existing school history may be **MODIFIED** or **DELETED** by selecting the appropriate record
- Education records will be displayed in reverse chronological order (most recent first)
- The most current education record will also display at the bottom of the **CLID** (Client Detail) screen
- You can run the “Request for Education Records” DocGen (D210)
- **IE** or **54** can be entered in the **SPED** (Special Education) field to indicate if the client participates in a special education program
- A complete flag of “**Y**” or “**N**” can be entered to indicate if the client completed each grade
- Update **EDHL** at the end of the school year on your clients by end dating the existing entry and updating the **CMPL** flag

*MEDS - Medical Summary*

```
CAFSMEDS                MEDICAL SUMMARY                11/26/2007    14:32
USER ID : CS4566    MODIFY
CAPS ID : 00002084    25    NAME: FURST, EVE

HEIGHT: 5  4    WEIGHT: 120    DISTINGUISHING FEATURES : Y
HAIR  : BRN    BROWN    MEDICAL/MENTAL DETAIL (MMHD) : N
EYES  : BLU    BLUE    PRESCRIPTION MEDICATION (MDTD) : N
BLOOD TYPE: B+    ALLERGIES: N    MRM : N    MEDICAL CASE MGMT : N
PREGNANT - DUE :

PRIMARY PHYSICIAN: MARY REYNOLDS
DATE OF LAST EPSDT SCREEN :
IMMUNIZATION RECORD REQUESTED :    PROVIDED :
HEALTH INFORMATION REQUESTED :    PROVIDED :

----- PAGE NO: 001
HEALTH CARE COVERAGE : 973    AMERICAN TRAVELERS LIFE
POLICY NUMBER          : 1234567890    GROUP CERTIFICATION #: 12345678901
POLICY HOLDER CAPS-ID: 00002086    POLICY HOLDER SSN: 001-01-0001
NAME (L,F,M): WASHINGTON    GEORGE
ISSUED DATE: 01/01/2007    END DATE: 12/31/2007    VERIFIED DATE: 03/10/2007
SHIFT+F10=ADD ADDITIONAL INSURANCE

PATH:
```

Related to  
the D210  
Doc Gen

- This screen is used to record/display a summary of a person's medical status and personal medical data with attention to conditions requiring special consideration by the worker
- If the ALLERGIES or DISTINGUISHING FEATURES field is modified/indicated with a "Y" (yes) the worker should attach/ read notes in Doc Gen
- Press SHIFT+F10 to clear the bottom portion of the screen (health care coverage) in order to add additional insurance information
  - Health care coverage information will automatically default into the Child Support Enforcement Referral and the Foster Care Medicaid/IVE Application screens

*MMHD-Medical/Mental Health Detail*

[illegible]

- This screen is used to record and display all medical and mental health contacts, procedures and diagnosis for a specific client
- This information is pulled for Foster Care Reviews
- You can ADD, MODIFY, SELECT or DELETE from this screen
- Indicating “Y” in the RX/TX field will automatically take the worker to MDTD (Medication/Treatment Detail) screen and link medication and/or treatment to these exams and evaluations

*MDTD – Medication/Treatment Detail*

[illegible]

- The Medication/Treatment Detail screen captures medications/treatments that have been prescribed by a physician for a specific person
- Be specific with regard to dosage and frequency
- You can ADD, MODIFY or DELETE on this screen by selecting an item
- This information is pulled for Foster Care Reviews

### EMPL - Employment History

```
CAFSEMP      EMPLOYMENT HISTORY      07/05/2006  15:18
USER ID : CS4566  MODIFY      PAGE NO: 1
CAPS ID : 00002086  00  NAME: WASHINGTON, GEORGE

TO SELECT, A=ADD, M=MODIFY OR D=DELETE
SEL
- PROVIDER NUMBER :
  NAME : BINFORD INC      PHONE: 406 555-6666
  ADDR1: 1541 MAIN      START DATE: 01/01/2006
  ADDR2:      END DATE: 99/99/9999
  CITY : HELENA      STATE: MT  ZIP CODE: 59601 -
  OCC: SALES MANAGER
  INCOME: 2500.00      STATUS: FT  FULL-TIME
  HOURS PER MONTH:
- PROVIDER NUMBER :
  NAME :      PHONE:
  ADDR1:      START DATE:
  ADDR2:      END DATE:
  CITY :      STATE:  ZIP CODE: -
  OCC:
  INCOME:      STATUS:
  HOURS PER MONTH:

PATH: █
```

- This screen is used to record and display information about a person's employment and interfaces to Child Support when appropriate
- You can ADD, MODIFY or DELETE employment information on this screen
- Enter the name of the EMPLOYER, START and END DATES (if applicable) of employment, ADDRESS, and OCCUPATION information for each job
  - INCOME is optional; if entering income, use monthly salary (before deductions)
- If a person is associated with a provider in CAPS, that information will display if it has been entered on PRPL (Provider Person List)
- Employment records are displayed in reverse chronological order (most current first)
  - The most current employment record will display at the bottom of the PERD (Person Detail) screen

# **PROVIDER INFORMATION**

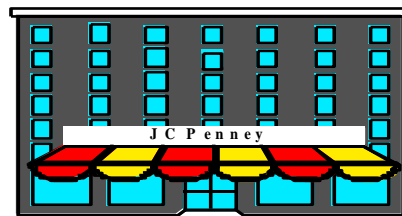
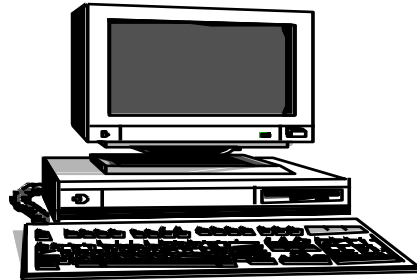
**Provider Search**

**Adding Non-Licensed/Non-Contracted Provider Details**

**Viewing General Facility Details**



## PROVIDER SEARCH/MATCHING



P1-02

- Search by provider name or match client needs with providers by entering criteria
- Match is based on type of provider needed and profile of the client
- All licensed foster family homes, adoptive homes, day care centers and agency/facilities are included in provider index for search or matching
- Will allow greater access to providers throughout the state and more detailed provider information

## PROS - Provider Search

```
CAFSPROS                PROVIDER SEARCH                08/31/2011    10:04
USER ID : CS4566
PROV NO : 0000000 000    PROV NAME:
                        FACIL NAME:

PLEASE ENTER ALL OR A PORTION OF THE PROVIDER'S NAME

PROVIDER NAME : reynolds
OR
PROVIDER NUMBER :
OR
FEDERAL TAX ID NUMBER :

PATH:
```

- This screen provides a means for locating providers who have been entered into the system
  - This includes Day Care, Foster Families, Adoptive Families and Agencies and Facilities like group homes
  - For facilities, search on the facility name in the PROVIDER NAME field; for 'family-type' providers, type the Last name in the PROVIDER NAME field (or for common last names, can search on last name followed by first initial: Smith J)
- You can search for a specific provider by entering one of the following criteria
  - PROVIDER NUMBER
  - FACILITY NUMBER, which also includes the PROVIDER NUMBER
  - First two or three characters of the providers LAST NAME
  - Federal Tax ID Number (used mostly by Central Office)
- The more search criteria that you use, the more limited your search will be
- The system will take you to PROL (Provider List) screen after performing a search
- Be thorough in your search in order to avoid entering duplicate providers into the system

## PROL - Provider List

```

CAFSPROL                      PROVIDER LIST                      06/13/2011    9:48
USER ID : CS4566                      PAGE NO: 2
PROV NO : 0000000 000    PROV NAME:

DISPLAY A=ACTIVE OR B=BOTH(ACTIVE AND INACTIVE LICENSES: B
TO SELECT, ENTER S=SELECT, I=INQUIRE OR M=MODIFY
SEL PROV-NO LOC    PROVIDER NAME                                TYP COUNTY
- 0007001 004 MISSOULA YOUTH HOMES INC.                        X 032 MISSOULA
- 0007001 005 MISSOULA YOUTH HOMES INC.                        X 032 MISSOULA
- 0007001 006 MISSOULA YOUTH HOMES, INC                        X 032 MISSOULA
- 0001028 001 MMM                                              A 025 LEWIS & CLARK
- 0001116 001 MONTANA HOME                                    F 025 LEWIS & CLARK
- 0001117 001 MONTANA HOME                                    F 025 LEWIS & CLARK
- 0001039 001 MORRIS                                          A
- 0001039 001 MORRIS MARY                                    F
- 0001116 001 MT HOME                                        A 025 LEWIS & CLARK
- 0001117 001 MT HOME                                        A 025 LEWIS & CLARK
- 0007001 003 MYH FRANCETICH GROUP HOME                        F 032 MISSOULA
- 0007001 009 MYH FRANCETICH GROUP HOME II                    X 032 MISSOULA
- 0007001 009 MYH FRANCETICH YOUTH GROUP HOME II              F 032 MISSOULA
- 0007001 008 MYH RADTKE TREATMENT CENTER                      F 032 MISSOULA
- 0007001 005 MYH SHIRLEY MILLER ATTENTION HOME                F 032 MISSOULA

                                PATH:

```

Defaults to Both (Active and Inactive). Change to Active.

- This screen will display all matches to the search criteria chosen on PROS (Provider Search) screen
- Providers may have multiple rows, partially due to the TYP field. These are the values you may see for name type:

<b>P</b>	Provider
<b>F</b>	Facility
<b>A</b>	Abbreviated
<b>X</b>	Extra (like an alias, but for a provider)
<b>W</b>	Warrant (like for the provider's check/warrant)
<b>C</b>	CCUBS (Child Care system)

- You can SELECT, INQUIRE or MODIFY an individual provider on this screen
- To add a new provider, after a provider search has been completed, press F11
  - PROE (Provider Entry) will be displayed



- Select the type of provider that you will be entering information on (non-licensed, non-contracted provider)
- Default flow of screens specific to the type of provider selected
- Additional information screens may be selected to ADD, MODIFY or INQUIRE on

*PROE - Provider Entry*

```
CAFSPROE                PROVIDER ENTRY                07/05/2006    15:41
USER ID : CS4566
PROV NO : 0000000 000    PROV NAME:

                        TO SELECT, ENTER S=SELECT

      _ ADD ADOPTIVE/FOSTER/KINSHIP/GUARDIANSHIP PROVIDER
      _ ADD UMBRELLA PROVIDER
      _ ADD FACILITY TO EXISTING PROVIDER
      S ADD NON LICENSED/NON CONTRACTED PROVIDER

                                                                PATH: █
```

- This screen is used to add a new service provider
  - **CPS workers will only select the type of “ADD NON-LICENSED/NON-CONTRACTED PROVIDER”**
- The appropriate Detail screen will appear upon SELECTION
  - Selection 4 will continue to PROD (Provider Detail) screen
- Provider name should be entered last name first and then first name with no punctuation such as commas

*PROD - Provider Detail*

CAFSPROD		PROVIDER DETAIL		04/05/2007		10:34	
USER ID : CS4566		MODIFY					
PROV NO : 0007001		000		PROV NAME: YOUTH HOMES INC.			
AGENCY/PROVIDER NAME : YOUTH HOMES INC.							
ABRV NAME : YHI							
✗ FISCAL AUDIT DATE :				CPIS PROVIDER : P			
TERMINATION DATE :				CPIS NOTIFY : N			
TERMINATION REASON :				PROVIDER COUNTY : 032		MISSOUL	
				✗ ORIGINAL DATE E0/AA : 10/01/1990			
				✗ E0/AA DESK AUDIT :			
CPIS EMAIL :							
WARRANT ADDRESS							
NAME : YOUTH HOMES INC.							
LINE 1 : PO BOX 7616							
LINE 2 :							
CITY/STATE : MISSOULA				MT			
ZIP : 59807 - 7616				COUNTY: 32			
FOREIGN ADDR:							
COUNTRY :							
CANDN PROUNC:							
TELEPHONE : 406 721-2704							
START DATE : 06/30/1983				END DATE: 99/99/9999			
				PATH: █			

CPIS – CAPS  
Provider Inquiry  
System

- This screen is used to record/maintain detailed provider information
- Required fields are:
  - Agency/provider name – If adding an individual: Doe Jane
  - Abrv Name – Individual: Doe J
  - Provider County – CAPS county number (alphabetically numbered; F12 lookup)
  - Warrant Address – This is needed initially, even if provider wants direct deposit
  - Address Start Date – Can use the current date
- The ADDRESS will be verified by Finalist (the post office address verification system)
- You can use this screen to delete a duplicate provider by using the TERMINATION REASON field
  - Will not allow you to terminate the provider if the provider is providing services or has open placements

### *FSPL - Facility Services Provided List*

[illegible]

- This screen displays a list of the types of services available from a provider facility
  - A service can be added to the list at any time by individuals with update authority
- The list displays the service code and description of the service, the date the provider began offering the service and the date the provider stopped offering the service
- In order for a worker to request a service on SERN/SERP for their client with a specific provider, the service must be identified on this screen
- If there are additional services, a MORE indicator will display in the upper right corner of the screen.
- **Note: this screen can only be updated by regional fiscal officers (DPHHS), regional administrative officers (DOC) and certain individuals in Central Office.**

*PTID – Provider Tax Identification Detail*

```
CAFSPTID          PROVIDER TAX IDENTIFICATION DETAIL    08/31/2011 10:08
USER ID: CS4566    MODIFY
PROV NO: 0007001 001  PROV NAME: SUSAN TALBOT HOME FOR BOYS & G

ADDRESS TYPE: WARRANT PAYMENT ADDRESS
LINE 1      : PO BOX 7616
LINE 2      :
CITY/STATE  : MISSOULA          MT
ZIP         : 59807 - 7616  COUNTY: 032
FOREIGN ADDR:
COUNTRY     :
CANDN PROVNC:
TELEPHONE   : 406 721-2704
FEDERAL TAX ID: 810331313 FEDERAL TAX ID TYPE: F
ENTITY TYPE : 01 C CORPORATION
SABHRS COMMON VENDOR ID :
1099 REQUIRED FLAG (Y/N): N
1099 INFORMATION VERIFY DATE: 04/23/2007  BY: C71306    AUSTAD, SUSAN
CAPS LICENSE TYPE: TGH  THERAPEUTIC YOUTH GROUP HOME
```

PATH:

- This screen is used by Central Office staff to update the federal tax identification and 1099 information for a provider/facility
- Information displayed includes the facility address, federal tax ID, tax ID type, SABHRS common vendor ID, 1099 required information and current/active license types
- The Federal Tax ID field can also be updated by the Regional Fiscal Officer. 1099 information can only be updated by Central Office Fiscal staff



*PADL - Provider Address List*

```
CAFSPADL PROVIDER/FACILITY ADDRESS LIST 06/20/2006 13:58
USER ID : C84142 PAGE NO: 1
PROV NO : 0007109 001 PROV NAME: MAHONEY SEAN AND SUSANNE
FACIL NAME: MAHONEY SEAN AND SUSANNE

TO SELECT, ENTER I=INQUIRE, M=MODIFY, OR D=DELETE
START
SEL DATE TYP ACT STREET ADDRESS CITY/TOWN ST LOC DIR
_ 06/01/1996 R Y 1045 N MONTANA AVE HELENA MT 001 N
_ 06/01/2006 M Y PO BOX 975 HELENA MT 001 N

PATH:
```

- This screen displays a history of a provider's addresses
- You can INQUIRE, MODIFY or DELETE address detail on this screen
  - If an address is CHANGING (especially WARRANT address type), don't modify the existing address - put an end date on the old address and add the new address. This is important for history purposes
- Use F11 (ADD) to add a new address
- Only one address per type (Residential, Mailing, etc..) can be active at the same time
- To display all the addresses for a provider with multiple facilities, enter the first part of the provider number (7 digits) followed by 000

*PADD - Provider/Facility Address Detail*

```
CAFSPADD      PROVIDER/FACILITY ADDRESS DETAIL      06/20/2006   13:58
USER ID : C84142  MODIFY
PROV NO : 0007109 001    PROV NAME: MAHONEY SEAN AND SUSANNE
                        FACIL NAME: MAHONEY SEAN AND SUSANNE
                        LAST UPDT: 06/19/2006 BY: CS4566 REYNOLDS, MARY
CONTACT NAME  : 00010945 MAHONEY, SUSANNE
DIRECTOR NAME : 00010946 MAHONEY, SEAN

ADDRESS TYPE  : R RESIDENCE (PHYSICAL)
ADDRESS 1    : 1045 N MONTANA AVE
ADDRESS 2    :
CITY         : HELENA
STATE/ZIP    : MT 59601 - 3575
COUNTY      : 25 LEWIS & CLARK
FOREIGN ADDR :
COUNTRY      : CANADIAN PROVINCE:
TELEPHONE    : 406 442-1155
START DATE   : 06/01/1996    END DATE : 99/99/9999

DIRECTIONS   :
              :

                                                    PATH:
```

- This screen is used to record/display address information about a provider or facility
- You can use this screen to INQUIRE, ADD or MODIFY addresses
- The date and name of the worker that last updated the screen will display

### PAKD - Provider AKA Detail

```

CAFSPAKD                PROVIDER/FACILITY AKA DETAIL                02/10/2011    13:28
USER ID : C7TR20                                PAGE NO:    1
PROV NO : 0005016   000      PROV NAME: REYNOLDS MARY

----- PRIMARY NAMES -----
TO SELECT, ENTER A=ADD, M=MODIFY
SEL  PRIMARY NAMES
     PROVIDER: REYNOLDS MARY
     -
     ABBREVIATED: REYNOLDS M
     -
     WARRANT: MARY REYNOLDS
     -

----- ADDITIONAL AKA NAMES -----
TO SELECT, ENTER A=ADD, D=DELETE
SEL  ADDITIONAL NAMES                                     CCUBS NAME (Y/N)
-
-
-
-
-
-
-
-
-
-

```

These 3 names came from Provider Detail; to modify them after saving on PROD, must use **PAKD**.

PATH:

- This screen is used to modify provider names and to add additional AKA's
- To modify a Provider name fully, the PROV NO is entered followed by three **000's**
- "M" (modify) must be indicated on the select line and the new name entered
  - The old name will now become an AKA for that provider
- Additional AKA names can be added and/or deleted at the bottom of the screen
- F7/F8 can be used to view additional pages of Provider AKA's
- The CCUBS NAME field indicates if this name was added to the system automatically through the interface with the CCUBS system (Child Care Under the Big Sky). These names cannot be deleted.

*PIGD - Provider Information (General) Detail*

```
CAFSPIGD      PROVIDER INFORMATION (GENERAL) DETAIL      02/05/2007 09:30
USER ID: CS4566                                     PAGE: 001
PROV NO: 0007001 006      PROV NAME: YOUTH HOMES INC.
FACIL NAME: DAN FOX FOSTER CARE AND ADOPTION PROG ABRV NAME: YHI
ADDRESS      LINE1: 550 N CALIFORNIA ST      PHONE #: 406 721-2754
              LINE2:
              CITY : MISSOULA      STATE: MT      ZIP: 59802 3913
PROVIDER CONTACT NAME: BIRNBAUM      GEOFF
ACTIVE LICENSES      STS      ASSIGNED WORKER      AVAILABLE SERVICES
SNAAS ADOPTION COSTS-ADOPT
SPART PARENTING TRAINING
STRKS TRACKER SERVICES
SUPFC UNDERPD FFC CORRECTI
SYACT YOUTH ACTIVITIES
CPA CHILD PLACING      REG      C76324      JENNESKENS, FRED      PFRS1 FOSTER FAMILY CARE -
PFTB1 FOSTER FAMILY CARE -
PFTHR FOSTER FAMILY CARE-T
PFTL2 FAMILY FOSTER CARE-T
PTAL1 THERAPEUTIC FOSTER C
PTXL2 THERAPEUTIC FOSTER C
SRETF THERAPEUTIC FOSTER C

HIGHLIGHTED SERVICES ARE NOT ASSOCIATED WITH A FACILITY TYPE
PATH: █
```

- This screen displays general information about a provider/facility in the CAPS system. It is inquiry only.
- Information will be displayed for ACTIVE LICENSES only and for those services not associated with a specific license
- Information displayed includes the following:
  - Address
  - Provider contact information
  - Facility type and license status
  - Assigned licensing worker
  - Services provider/facility can provide

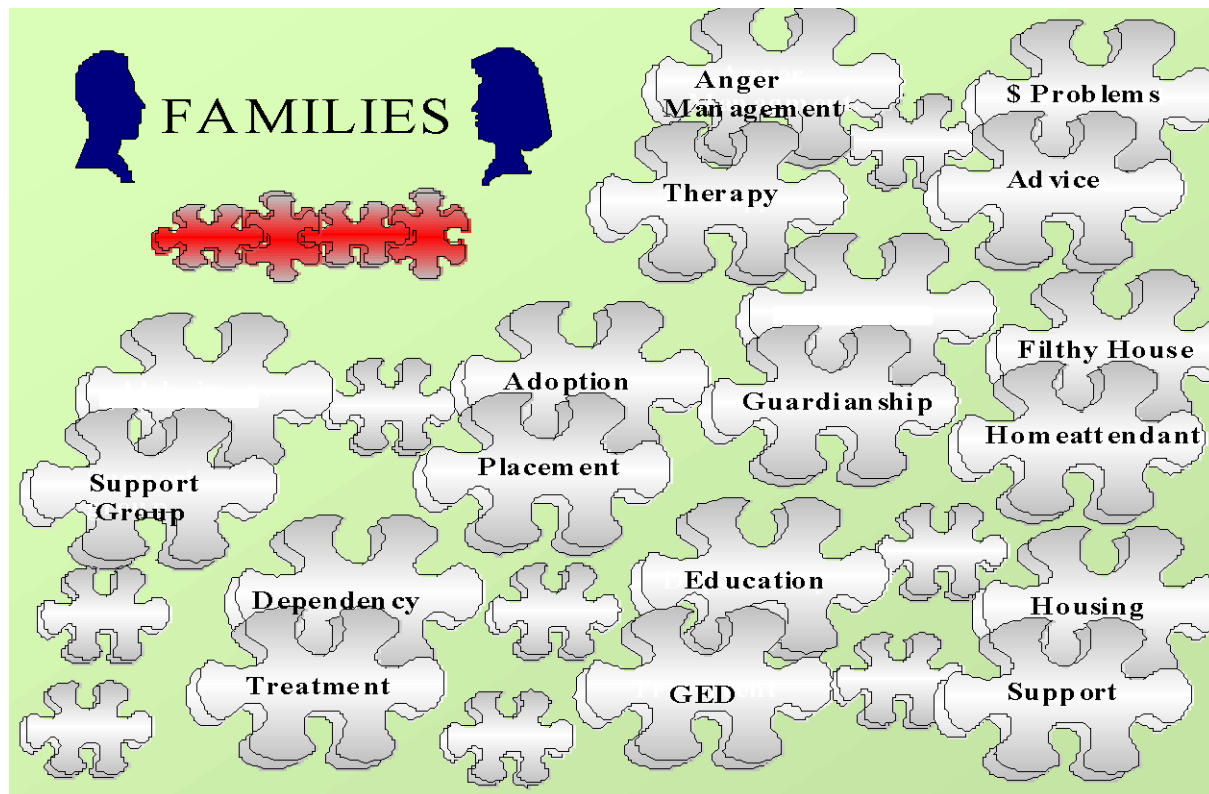
# **PERMANENCY PLAN**

**Initial Assessments**

**Ongoing Reviews**

**Closure Reviews**

**Permanency Hearing Details**



- Initial Assessment and Reviews are performed on the system
  - You can select/view reviews by type of review and from a certain date forward
- You can list each client's permanency hearing information to meet CFSR requirements

*IARD enhancements*

**From:** Sobonya, Michelle [<mailto:msobonya@mt.gov>]  
**Sent:** Thursday, June 27, 2013 3:58 PM  
**To:** HHS CFSD  
**Cc:** Earley, John (Mike); Pavey, Wendy (IS); Keck, Lori (IS)  
**Subject:** EXT :IARD enhancements effective Monday night, July 1

Good Afternoon All~

When we open CPS cases for children, we utilize the **IARD (Initial Assessment and Review Detail) in CAPS**, to document case plan permanency goals for each child. IARD displays our **primary permanency goal**, as well as the **concurrent permanency goal**, which are updated when we have progress reviews, Foster Care Review Committee (FCRC) meeting (every 6 months), and permanency staffing decisions, etc.

In the past 2 years we've seen numbers plummet in case reviews, in some part, due to a lack of updated documentation on IARD. The pace in the field has grown more hectic, and **below are some changes that will take effect Monday night (July 1)**, that will help avoid some of the issues noted:

- **CAPS will no longer allow 'future' dates to be entered for 'goal established'** beyond when the actual review date listed on IARD (initial assessment, FCRC, Progress Review, Closure).
- We were seeing dates in the future referencing a goal that should have been established, looking back in time.
- You will see an 'error message': "Date cannot be greater than current date"
- **Primary workers will see a 'reminder message' when the concurrent permanency goal is due (90 days after placement).**
- Multiple cases failed in case reviews due to a lack of a concurrent permanency goal listed on IARD, or a concurrent permanency goal was listed well beyond the 90 day requirement.
- You will see a reminder message before IARD can be updated successfully: "Required Field, Enter Appropriate Data"
- If the case has been in care longer than 90 days, and the removal is just being entered on SERN, you will see a reminder message: "Warning: Concurrent Goal is Required within 90 days of Removal."
- **CAPS will no longer allow 'Maintain Child in Family' to be listed for both the primary and concurrent perm goals.**

- Some confusion exists regarding what 'Maintain Child in Family' means. It is to be utilized for Permanency Goal A on IARD, when we have NOT removed the child from his home of origin, and we are attempting to prevent removal, and maintain that child in his/her home, even though we may have filed for Emergency Protective Services, Temporary Investigative Authority or Temporary Legal Custody of that child. *'Maintain Child in Family' is NOT to be utilized to reflect keeping the child in a particular substitute care setting (e.g., kin or other foster family setting).*
- You will see an error message when 'Maintain Child in Family' is listed for permanency goal B (concurrent): "Required Field, Enter Appropriate Data"
- **CAPS will alert primary worker that 'Not Yet Established' is listed at Permanency Goal B (concurrent goal), after a child has been in placement for 60+ days.**
- The concurrent permanency goal is sometimes overlooked after it's initially entered on IARD, and remains, 'Not Yet Established' in CAPS, but may have been changed in a permanency staffing, a progress review, or in FCRC.
- You will see an alert after 60 days has passed after a removal was entered in CAPS, and IARD continues to have NYE as the concurrent perm goal: "Client Perm Goal B Cannot be NYE"
- **CAPS will no longer allow 'Not Yet Established' as a concurrent permanency goal after 90 days in FC placement.**
- Some cases continue to carryover 'Not Yet Established' beyond the allowable 90 days to establish a concurrent permanency goal. An alert will be in place to notify both the primary worker and supervisor after 90 days have passed.
- Primary worker will see the message: "Goal B NYE, Out of Compliance, Supervisor Alert Generated"
- Supervisor will see the message, "Client Perm Goal B cannot be NYE"
- At Case Closure on IARD, if NYE is entered for permanency goal B, the primary worker will see message: "Invalid Permanency Goal Code, Please Re-Enter"

If you have questions feel free to contact me (841-2411), or any of the Program Assessment Specialists in your region for more clarification (Serri Dodd, Reg 1; Cindy Askelson, Reg 2; Diane Bocksnick, Reg 3; Carol Davis, Reg 4; and Joey Burke, Reg 5).

Have a great evening,

**Michelle Sobonya**

Program Assessment Supervisor/HIPAA Liaison  
DPHHS Child and Family Services Division



## IARL - Initial Assessment and Review List

CAFSIARL INITIAL ASSESSMENT AND REVIEW LIST 07/05/2006 15:28  
 USER ID : CS4566  
 CAPS ID : 00001300 00 NAME: HARRIS, MELISSA

TO DISPLAY, ENTER X: X ACTIVE ONLY \_ ACTIVE AND INACTIVE  
 START FROM: REVIEW TYPE:  
 TO SELECT, ENTER I=INQUIRE OR M=MODIFY - IF F11(ADD), ENTER TYPE:  
 OR D=DELETE

SEL	DATE	TYP	DESCRIPTION	APRV STAT	NEXT REVIEW	RVW STAT
-	06/01/2006	FCR	FOSTER CARE BY F.C.R		12/01/2006	A
-	01/01/2006	INA	INITIAL REVIEW/ASSES	A		A

PATH: █

F12 here to choose TYPE, then press F11. An INA (Initial Assessment) must be entered 1<sup>st</sup>.

CAPS sets the NEXT REVIEW date for FCR and PER entries, & an alert created is for 30 days before the NEXT REVIEW date.

- This screen displays, in reverse chronological order, the history of Initial Assessments and Reviews that have been done for a specific client
- You can INQUIRE, MODIFY or DELETE a review
  - Approved reviews (APRV STAT = A) cannot be modified or deleted
- To ADD a review, enter the type of review in the ENTER TYPE field plus the F11 key
  - IARD (Initial/Assessment and Review Detail) screen will be displayed in ADD mode
- Enter a date in the START FROM field to view all reviews from that date forward
  - You may also enter a REVIEW TYPE code to view only those review types
- To enter a closure review, all services and placements must be closed first
- In order to provide a service or a placement for a client, an **Initial Assessment** must be completed on IARL/IARD **first**

*IARD - Initial Assessment and Review Detail*

```
CAFSIARD          INITIAL ASSESSMENT AND REVIEW DETAIL      07/05/2006    15:29
USER ID : CS4566    MODIFY
CAPS ID : 00001300    00    NAME: HARRIS, MELISSA

ASSESSMENT/REVIEW TYPE: FCR    FOSTER CARE BY F.C.R
ASSESSMENT/REVIEW DATE: 06/01/2006
PERMANENCY GOAL A    : RTH    REUNIFICATION
DATE PERMANENCY GOAL A ESTABLISHED: 01/01/2006
PERMANENCY GOAL B    :
DATE PERMANENCY GOAL B ESTABLISHED:
NEXT REVIEW          : 12/01/2006

CLOSURE DATE        :          CLOSURE TYPE:
COMMENTS:

* * * * *
ENTERED BY: C74142SW WORKER, SOCIAL
APPROVAL:    BY:          DATE APPROVED:    APPROVER'S COMMENTS:

PATH: █
```

- This screen is used to enter detailed assessment information for a specified client
- Permanency Goals
  - Goal A for Adults – AAC (Adult Associated with Child, no permanency required) code will prevent them from being flagged for a permanency hearing
  - Goal A for youth – required initially; a true Goal B must be entered within 90 days of initial assessment (see memo from Michelle Sobonya)
- NYE (Not Yet Established) may not be selected as the PERMANENCY GOAL A
  - If permanency goals change, a PGR (Progress Review) should be entered prior to running the D427 (Foster Care Review).
- When the Review Type of Closure is entered, there is a system check of Open Services and the Closure will not be allowed if there are any services that are not closed
  - A client will remain on CSLL (Caseload List) until the Closure Review has been approved by the appropriate supervisor
- Events are created when an Initial Assessment or other reviews are completed
- The WORKER ID of the worker that entered the assessment or review will be displayed above the approving supervisor's worker ID

PPHL – Permanency Plan Hearing List

F12 here to choose TYPE, then press F11. An INI (Initial) must be entered 1<sup>st</sup>.

```

CAFSPPHL          PERMANENCY PLAN HEARING LIST
USER ID: C7TR15
CAPS ID: 00001073  00  NAME: SOUTHWICK, TOMMY

                                IF F11, ENTER PH TYPE:
TO SELECT, ENTER D=DELETE, I=INQUIRE, M=MODIFY

      PH    PH HELD ON    NEXT DUE    PLAN    REASONABLE    IV-E    IV-E
SEL  TYPE    DATE        DATE        APRV    EFFORTS MADE  FINDINGS  FINDINGS
      -      -      -      -      -      -      -      -
      -  ONG  03/05/2001  03/05/2002   Y        N        03/05/2001  03/01/2001
      -  INI                      03/01/2001

                                PATH:
  
```

- The PH TYPE field (F12 lookup) will be required when pressing F11 to add and will also be displayed on the list portion of the screen. Valid PH TYPES will be:
  - Initial (INI)
  - Ongoing (ONG)
- This screen is required:
  - Once a year
  - Helps with IV-E
  - Only when a removal has taken place
- Information displayed on the list will include:
  - PH TYPE
  - PH HELD ON DATE
  - NEXT DUE DATE
  - PLAN APRV
  - REASONABLE EFFORTS MADE FOR IV-E
  - IV-E FINDINGS DATE
  - IV-E FINDINGS DUE DATE
- Delete (D), Inquire (I) and Modify (M) will be valid select options. However, delete and modify will only be allowed
  - On the most recent permanency hearing, and
  - By the IVE unit only (if IV-E findings information exists.)
- A PH TYPE of Ongoing (ONG) will not be allowed to be entered if an Initial (INI) does not exist.

*PPHD – Permanency Plan Hearing Detail*

```
CAFSPPHD                PERMANENCY PLAN HEARING DETAIL    01/14/2008    15:05
USER ID: C74142SW      MODIFY
CAPS ID: 00001073    00    NAME: SOUTHWICK, TOMMY

                        CFSR REQUIREMENTS
                        -----
PERMANENCY HEARING TYPE: ONGOING
  INITIAL PH DUE DATE: 03/01/2001
    PH HELD ON DATE: 03/05/2001
    NEXT PH DUE DATE: 03/01/2001
    PH CONDUCTED BY: CRT
    PP APPROVED BY COURT: Y    DATE: 03/05/2001

COMMENTS:

                        IV-E REQUIREMENTS
                        -----
        60 DAYS FROM CHILDS REMOVAL DATE: 03/01/2000
DATE CHILD ADJUDICATED YOUTH IN NEED OF CARE:
    REASONABLE EFFORTS MADE FOR IV-E: N    DATE: 03/05/2001
    REASONABLE EFFORTS FINDINGS DUE DATE: 03/01/2001

COMMENTS:

                                                                PATH:
```

- The PERMANENCY HEARING TYPE field will not be enterable or modifiable on PPHD, but will be defaulted in based on the selection entered on PPHL (Initial or Ongoing).
- The INITIAL PH DUE DATE field will not be enterable or modifiable on PPHD, but will be calculated as one year after the earlier of the following dates:
  - The date the child was adjudicated, or
  - 60 days from the child's removal date.This date will be calculated when adding an Initial (INI) permanency hearing and will be carried forward from the Initial to all Ongoing (ONG) permanency hearing details.
- The PH HELD ON DATE field will be enterable on this screen for Ongoing (ONG) details only. This field will be required (if the updating worker does not have a IVE Unit (SCS) or Program Bureau (SPF/SMH) staff type) for all Ongoing (ONG) permanency hearing details if the REASONABLE EFFORTS MADE FOR IV-E DATE is blank.
- The NEXT PH DUE DATE field will not be enterable or modifiable on PPHD, but will be calculated as:
  - One year from the PH HELD ON DATE if the REASONABLE EFFORTS MADE FOR IV-E DATE is blank, or
  - One year from the REASONABLE EFFORTS MADE FOR IV-E DATE if one exists.

This date will be blank if the PH TYPE is Initial (INI) or if the client's 18<sup>th</sup> birthday falls before the next calculated due date.

- The PH CONDUCTED BY field (F12 lookup) will be enterable on this screen for Ongoing (ONG) details only. This field will be required (if the updating worker does not have a IVE Unit (SCS) or Program Bureau (SPF/SMH) staff type) for all Ongoing (ONG) permanency hearing details. Valid options are:
  - Court (CRT)
  - Foster Care Review (FCR)
- The PP APPROVED BY COURT field will be enterable on this screen for Ongoing (ONG) details only. This field will be required (if the updating worker does not have a IVE Unit (SCS) or Program Bureau (SPF/SMH) staff type) for all Ongoing (ONG) permanency hearing details. Valid options are:
  - Y (Yes)
  - N (No)
- The PP APPROVED BY COURT DATE field will be required when the PP APPROVED BY COURT field has been marked. This field will not be allowed to be entered if the PP APPROVED BY COURT field is blank.
- The COMMENTS field contains two lines for free-form text related to the CFSR requirements section.

IVE Unit  
/Program  
Bureau  
updates  
the IVE  
section

- The 60 DAYS FROM CHILD'S REMOVAL DATE field will not be enterable or modifiable on PPHD, but will be calculated as 60 days after the most recent removal date for the client on the SERL (Services List) screen.
- The DATE CHILD ADJUDICATED YOUTH IN NEED OF CARE field will default the most recent adjudicated date from the CRTD (Court Detail) screen. This field is modifiable only by IV-E Unit (SCS) and Program Bureau (SPF) staff types. If this field is updated on PPHD, the adjudicated date on CRTD will be updated.
- The REASONABLE EFFORTS MADE FOR IV-E field will be enterable on this screen for Ongoing (ONG) details only. This field will be required for all Ongoing (ONG) permanency hearing details if the PH HELD ON DATE is blank. This field is enterable only by IV-E Unit (SCS) and Program Bureau (SPF) staff types. Valid options are:
  - Y (Yes)
  - N (No)
- The REASONABLE EFFORTS MADE FOR IV-E DATE field will be required when the REASONABLE EFFORTS MADE FOR IV-E field has been marked with a "Y" or "N". This field will not be allowed to be entered if the REASONABLE EFFORTS MADE FOR IV-E field is blank. This field is enterable only by IV-E Unit (SCS) and Program Bureau (SPF) staff types.

- The REASONABLE EFFORTS FINDINGS DUE DATE field will be enterable on this screen for Ongoing (ONG) details only. This field will be calculated as one year after the REASONABLE EFFORTS MADE FOR IV-E DATE. This field is enterable only by IV-E Unit (SCS) and Program Bureau (SPF) staff types.
  - This field will not allow a date greater than one year from the REASONABLE EFFORTS MADE FOR IV-E date.
  - This field will be blank if the REASONABLE EFFORTS MADE FOR IV-E is blank.
  - This field will allow a date that is less than the REASONABLE EFFORTS MADE FOR IV-E date if the REASONABLE EFFORTS MADE FOR IV-E flag is marked with an “N”.
  - An error message will display if the REASONABLE EFFORTS FINDINGS DUE DATE being entered is less than the REASONABLE EFFORTS MADE FOR IV-E date if the REASONABLE EFFORTS MADE FOR IV-E flag is marked with a “Y”.
- The COMMENTS field contains two lines for free-form text related to the IV-E requirements section. This field is enterable only by IV-E Unit (SCS) and Program Bureau (SPF) staff types.

### **Alerts**

- An alert will be created 60 days and 30 days prior to the REASONABLE EFFORTS FINDINGS DUE DATE when the REASONABLE EFFORTS FINDINGS DUE DATE field contains a date. This alert will be sent to:
  - The IV-E Unit (SCS) and Program Bureau (SPF) staff types with the primary PLA supertask within the client’s financial county, and
  - The Permanency Plan Specialist with the PPS supertask within the client’s region.
  - The client’s assigned worker.
- An alert will be created 60 days and 30 days prior to the NEXT PH DUE DATE when the REASONABLE EFFORTS FINDINGS DUE DATE is blank. This alert will be sent to:
  - The Permanency Plan Specialist with the PPS supertask within the client’s region.
  - The client’s assigned worker.
- An alert will be created 60 days and 30 days prior to the earlier of the following days if they are both entered:
  - NEXT PH DUE DATE
  - REASONABLE EFFORTS FINDINGS DUE DATE
 This alert will be sent to:
  - The Permanency Plan Specialist with the PPS supertask within the client’s region.
  - The client’s assigned worker.

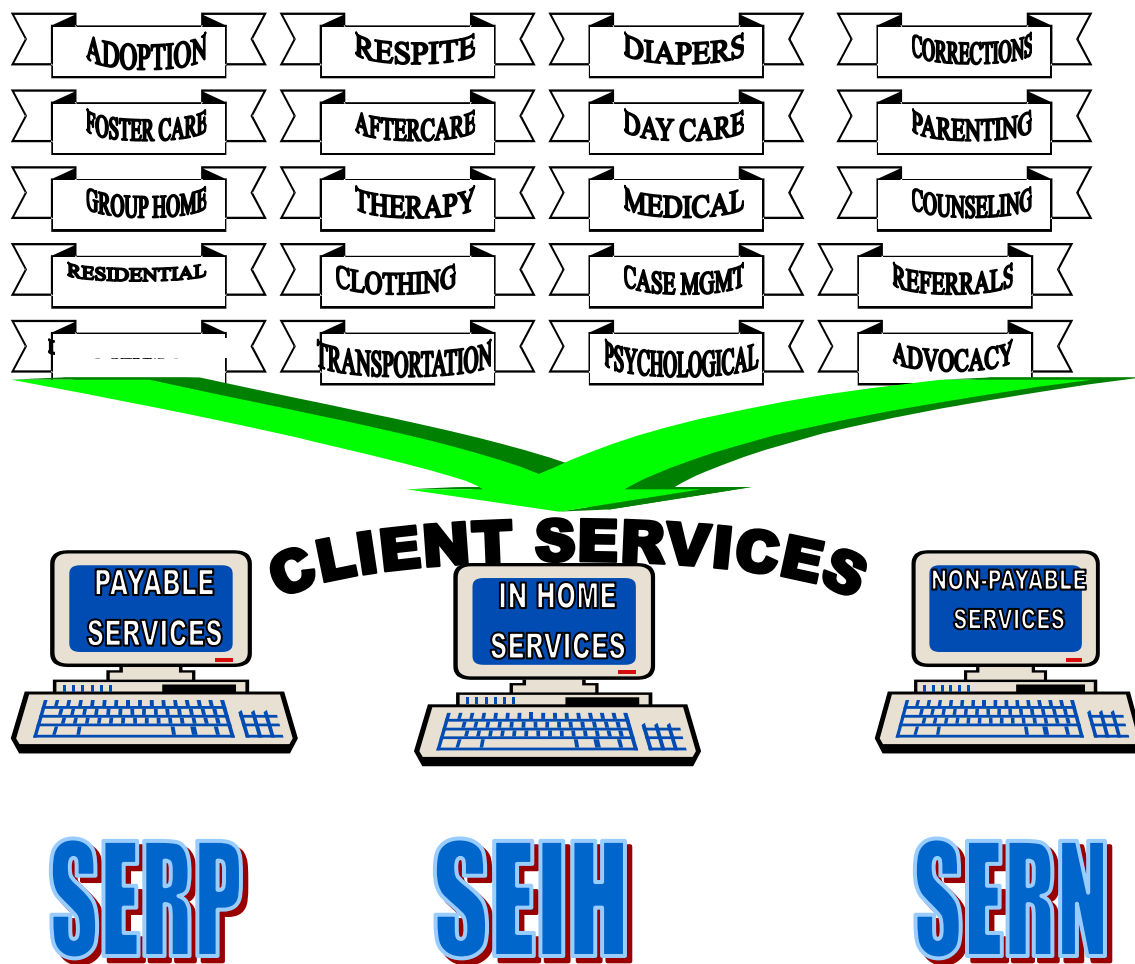
# **SERVICES**

**Payable/Non-Payable Services**

**Court Actions**

**Placements**

**Interstate Compacts**



- The system allows you to track payable and non-payable services for a client
  - The system will display a client's placement/service history
- On line service approval and alerts



## SERL - Services List

```
CAFSSERL                SERVICES LIST                11/29/2007    11:08
USER ID : C7TR15                PAGE NO: 001
CAPS ID : 00001073    00    NAME: SOUTHWICK, TOMMY

TO SELECT ENTER: I=INQUIRE, M=MODIFY, D=DELETE    TO ADD=F11 + FASTPATH
START FROM:                SERVICE CODE:

S RSN SERVC DESCRIPTION    FACILITY NAME    OPEN DATE    CLOSE DATE    APPRV S A C
- FP SEMRM REMOVAL        COONEY'S FOSTER    01/01/2000    99/99/9999

SERN
SEIH
SERP

PATH: █
```

- This screen displays the history of all services provided to a specific client
- The worker can INQUIRE, MODIFY and DELETE services on this screen
  - Only the most recent removal service (SEMRM) can be modified
- The worker can enter a SERVICE CODE to view specific types and dates of services
- Approval levels (**S**upervisor, **A**dministrator, **C**entral Office) are only populated for **payable** services
  - APPRV codes: **P**ending, **A**pproved, **D**enied
  - All required levels of approval required before payment will be made
- You cannot select MODIFY (with the exception of the close date if one was not originally entered) once the approval process has been completed, unless the service is denied
- You can add a service by typing the appropriate screen (SERN, SEIH, or SERP) in the PATH and pressing F11, the system will take you to the screen in ADD mode

*SERN - Service Detail: Non-Payable*

CAFSSERN                      SERVICE DETAIL: NON-PAYABLE                      11/29/2007                      11:29

USER ID : C7TR15                      MODIFY

CAPS ID : 00001073                      00                      NAME: SOUTHWICK, TOMMY

SERVICE CODE: SEMRM                      REMOVAL

PROVIDER : 0001002 000                      LEWIS AND CLARK CPS

OPEN DATE : 01/01/2000

CLOSE DATE : 99/99/9999

REASON FOR SERVICE: PT                      OUT OF HOME PLACEMENT TO PROTE

REASON FOR REMOVAL (PRIMARY): PHA                      OTHERS: PHN EMD

COMMENTS:

SHIFT+F1=MORE DETAIL

PATH: █

- This screen allows input of all non-payable services provided to a specific client
- F12 Lookup on Service Code:
  - P services are listed at the top; these are placement services such as foster care, shelter, guardianship)
  - S services begin around page 6; you can type S in the START CODE field to jump to the first S code. Examples include removal, diaper and clothing allowance.
- Only non-payable services/funding sources can be entered on this screen
  - No trust account funding sources or provider overpayments are allowed on this screen
- The REASON FOR REMOVAL field is enterable only on a removal service (SEMRM) and a PRIMARY reason will be required.
  - Up to four OTHER reasons for removal can be entered and other reasons are optional
  - Open Date = Date child removed. Leave Close Date blank until child returns home; this keeps it at the top of SERL.
- Field workers can press SHIFT+F1 to access the CREI (CPS Removal Eligibility Information) screen in inquire mode. IVE Unit and specific Program Bureau staff will update CREI.

*CREI - CPS Removal Eligibility Information*

```
CAFSCREI      CPS REMOVAL ELIGIBILITY INFORMATION      11/29/2007      13:41
USER ID: C7TR15  MODIFY                                PAGE NO: 001
CAPS ID: 00001073      00      NAME: SOUTHWICK, TOMMY

                                EFFECTIVE DATE: 11/01/2007
                                END DATE: 99/99/9999

LEGAL INFORMATION
DOES THE INITIAL COURT ORDER SANCTION THE REMOVAL OF THE CHILD FROM THE HOME?
(CHECK WITH "Y" OR "N")
Y      1) CONTAINS THE CONTRARY TO WELFARE LANGUAGE
        COURT ORDER EFFECTIVE DATE: 11/01/2007
WERE REASONABLE EFFORT REQUIREMENTS MET WITHIN 60 DAYS OF REMOVAL?
(CHECK THE OPTION THAT APPLIES WITH "Y" OR "N")
Y      2A) REASONABLE EFFORTS HAVE BEEN MADE TO PREVENT REMOVAL
        COURT ORDER EFFECTIVE DATE: 11/15/2007
        2B) NO REASONABLE EFFORTS WERE REQUIRED
        COURT ORDER EFFECTIVE DATE:

OR
VOLUNTARY INFORMATION
        1) THERE IS A      -
        START DATE:                EXPIRATION DATE:

F11=ADD
FS900018 UPDATE SUCCESSFUL                                . PATH: ■
```

- This screen is used to record contrary to welfare language and reasonable efforts information. It is also used to record voluntary placement information.
- This screen can be updated by IVE Unit staff and specific Program Bureau staff. Field workers will have inquire access only.

## **USING THE DEPARTMENT AS A PROVIDER**

In the CAPS system, it is necessary at times to use the Department as a provider. An example of this would be a removal service. When you put a removal service into CAPS it is required to put in a provider, which in most cases would be the Department worker. Another example of when to use the Department as a provider would be for services you are providing to the client in the capacity as their worker (for example – case management, resource and referral, etc.)

Instead of putting every social worker, youth court worker and licensing worker in the system as a provider, it is better to put each county/judicial district office in as the provider and then you can identify the name of the worker in the COMMENTS section on SERN (Service Detail: Non-Payable). It is also good to differentiate between CPS, licensing or youth court workers.

You will need to search in PROS (Provider Search) to be sure the provider has not been entered previously. If not found, then you will need to F11 to go to PROE (Provider Entry) to enter this new provider. This provider would be entered as a NON-LICENSED/NON-CONTRACTED provider. You will need to complete the required information on the PROD (Provider Detail) screen. It is not necessary to identify services on FSPL (Facility Services Provided List) since the services that will be provided will all be non-payable services that are entered on the SERN screen.

An example of the format to name providers:

LEWIS AND CLARK CPS  
CROW TRIBAL SOCIAL SERVICES  
MINERAL COUNTY YOUTH COURT

*CAPS Open Services List*

<b>Last updated 7/1/2013 Code</b>	<b>Service Code Description</b>	<b>Description</b>
<b>PADAP</b>	Adoption Subsidy –Applicable Child	Monthly maintenance payment to adoptive parents on behalf of eligible children. This service must be approved as part of an adoption subsidy. This service covers children who are categorically eligible for Title IV-E under the Fostering Connections Act.
<b>PADFS</b>	Adoption Subsidy - Financial	Monthly maintenance payment to adoptive parents on behalf of eligible children. This service must be approved as part of an adoption subsidy.
<b>PADOP</b>	Adoption	Placement of a child with a family who has a current approved adoptive home study and who has signed an adoptive placement agreement with the agency.
<b>PFFFC</b>	Full Family Foster Care	Monthly maintenance service that is designed to allow therapeutic foster homes to provide services of multiple provider types (i.e. regular foster care, specialized foster care, and shelter/emergency placements) in addition to therapeutic foster care.
<b>PFRS1</b>	Foster Family Care - Room & Board, Supervision	Basic foster care
<b>PFSPC</b>	Foster Family Care - Specialized	Used to bridge the transition of a child from a hospital, residential treatment or correctional facility back into the community, or to prevent placement into a hospital, residential treatment or correctional facility.
<b>PFSSI</b>	SSI Family Foster Care	Basic foster care for child receiving SSI on child's disability. The Department must be the payee for the child's fund in order to be eligible for this rate. The SSI rate is higher than the standard foster care rate and, if rate increases are authorized, they take place January 1 <sup>st</sup> of each year.
<b>PFTB1</b>	Therapeutic Family Foster Care - Room/Board Level 1	Rate Matrix Level I supervision requires a .5 FTE social worker to provide program management and professional oversight. In addition, this level of service provides all food, clothing and daily living expenses for youth receiving this level of service.
<b>PFTHR</b>	Foster Family Care - Therapeutic	Both the Moderate and Intensive levels of Therapeutic Family Care reimburse providers for the costs associated with a youth's room and board (food, clothing and daily living expenses) and for supervision of the youth by the therapeutic family care parents. The room and board allowance to the therapeutic family care provider is the same for both the Intensive and Moderate levels of treatment service.
<b>PFTL2</b>	Foster Family Care - Treatment - Level 2	Rate Matrix Level II supportive services require the equivalent of 3.2 FTE staff to provide therapeutic interventions to the youth.

<b>PGRS2</b>	Group Home Care - Room & Board, Supervision - Level 2	Rate Matrix Level II supervision, based on an eight-bed group home, requires two awake shifts, 24 hours per day, 365 days per year. Staff requirements are the equivalent of 3.2 FTE direct care staff. Night shift staff sleeps in the group home. Direct care staff qualifications are a high school diploma or an equivalent combination of education and experience. In addition, Level II supervision provides all food, clothing and daily living expenses for youth receiving this level of service.
<b>PGRS3</b>	Group Home Care - Room & Board, Supervision - Level 3	Rate Matrix Level III supervision, based on an eight-bed group home, requires two awake shifts, 24 hours per day, 365 days per year. Staff requirements are the equivalent of 3.2 FTE direct care staff. Night shift staff sleeps in the group home. Direct care staff qualifications are a high school diploma or an equivalent combination of education and experience. Level III supervision also requires a .5 FTE social worker to provide program management. The social worker position requirements are a bachelor's degree or an equivalent combination of education and experience. In addition, Level III supervision provides all food, clothing and daily living expenses for youth receiving this level of service.
<b>PGRS4</b>	Group Home Care - Room & Board, Supervision - Level 4	Rate Matrix Level IV supervision, based on an eight-bed group home, requires three awake shifts, 24 hours per day, 365 days per year. Staff requirements are the equivalent of 4.8 FTE direct care staff. Direct care staff qualifications are a high school diploma or an equivalent combination of education and experience. Level IV supervision also requires a .5 FTE social worker to provide program management and a .25 FTE administrative support staff position. The social worker position requirements are a bachelor's degree or an equivalent combination of education and experience. The administration support position requirements are the same as those of direct care staff. In addition, Level IV supervision provides all food, clothing and daily living expenses for youth receiving this level of service.
<b>PGRS5</b>	Group Home Care - Room & Board, Supervision - Level 5	Rate Matrix Level V supervision based on an eight-bed group home, requires five awake shifts, 24 hours per day, 365 days per year. Two staff must be awake during the day for each shift and one staff awake during the overnight shift. Staff requirements are the equivalent of 8.0 FTE direct care staff. Direct care staff qualifications are a high school diploma or an equivalent combination of education and experience. Level V supervision also requires a 1.5 FTE social worker, a 1.0 FTE program manager and a .25 FTE administrative support staff position. The social worker position requirements are a bachelor's degree and work-related experience. The administrative support position requirements are the same as those of direct care staff. In addition, Level V supervision provides all food, clothing and daily living expenses for youth receiving this level of service.

<b>PGTL1</b>	Group Home Care – Supportive Services - Level 1	Rate Matrix Level I supportive services, based on an eight-bed group home, requires a 1.0 FTE social worker that provides group and individual counseling. This position spends 25% of their time providing group counseling sessions and 75% of their time providing individual counseling sessions.
<b>PGTL2</b>	Group Home Care – Supportive Services - Level 2	Rate Matrix Level II supportive services, based on an eight-bed group home, requires, in addition to staff who do day-to-day supervision, an additional two shifts per day of direct care staff. This additional staff, the equivalent of 2.8 FTE, provides therapeutic interventions to the youth in the group home. These direct care positions provide 2-3 group counseling sessions per week and 1-3 individual counseling sessions per week.
<b>PGTL3</b>	Group Home Care – Supportive Services - Level 3	Rate Matrix Level III supportive services, based on an eight-bed group home, requires two awake shifts, 24 hours per day, 365 days per year. Direct care staff qualifications are a bachelor's degree or an equivalent combination of education and experience. Level III supportive services also requires a 1.0 FTE professional position of therapist or psychologist, a .25 FTE professional medical service position, and a .25 FTE professional level program manager. Professional staff spends 10% of their time providing group therapy sessions, 60% of their time providing individual therapy sessions and 30% of their time providing family therapy.
<b>PGUAR</b>	Guardianship	Monthly payment to a guardian on behalf of an eligible child. This service must be approved as part of a guardianship subsidy.
<b>PGUAS</b>	Guardianship – Sibling	Monthly payment to a guardian on behalf of a sibling of an eligible child who is placed in the same guardianship home. This service must be approved as part of a guardianship subsidy.
<b>PHCPL</b>	High Cost Placement	Contracted high cost placement - <b>AWARE ONLY</b> .
<b>PJCPH</b>	Pine Hills	Long term secure care for adjudicated male youth. Facility is Department run with services of individual and group therapy on a cognitive level. Sex offender treatment, chemical dependency assessment and AA are available.
<b>PJCRV</b>	Riverside	Long term secure care for adjudicated female youth. Facility is Department run with services of individual and group therapy on a cognitive level. Chemical Dependency assessment and AA are available.
<b>PJIPA</b>	Juvenile Placement by Individual Placement Agreement	Juvenile placement by Individual Placement Agreement. To be used by DOC and Youth Court Staff for placement in facilities which do not have a contract with DPHHS (license required). Individual Placement Agreement must be completed. Exception for use of this code is Swan Valley Youth Academy (PSVYA) and Out of State placements (POSTP).

<b>PMACS</b>	Maternity - Additional Children Supervision	The daily room and board payment for additional children in a maternity group home placed with his/her teenage mother. The rate includes clothing and diaper allowance. This code should be paid under the mother's SERL screen. This code may be added only if more than one child is placed with a teenage mother as PMARB is used to pay for the first child. This code may be used to enter a single daily payment for the additional children (e.g. for one additional child, the daily payment would equal the rate for PMARB; for two additional children, the daily payment would equal twice the rate for PMARB).
<b>PMARB</b>	Maternity – 1 <sup>st</sup> Child Supervision	Daily room and board payment for one baby or young child in a maternity group home with his/her teenage mother. The rate includes clothing and diaper allowance. This code should be paid under the mother's SERL screen.
<b>PMATF</b>	Maternity-Mother Treatment at Facility	Supportive Services provided for Rate Matrix Supervision Level VII, which requires a 1.0 FTE social worker that provides group and individual counseling. This position spends 25% of their time providing group counseling sessions and 75% of their time providing individual counseling. Payment for day care services is not included in this rate.
<b>PMATM</b>	Maternity/Mother-Baby Supervision at Facility	Supervision provided for Rate Matrix Level VII, based on an eight-bed group home, requires five awake shifts, 24 hours per day, 365 days per year. Staff requirements are the equivalent of 8.0 FTE direct care staff. Direct care staff qualifications are a high school diploma or an equivalent combination of education and experience. Level VII supervision also requires a 1.5 FTE social worker, a 1.0 FTE program manager and a .25 FTE administrative support staff position. The social worker position requirements are a bachelor's degree or an equivalent combination of education and experience. The program manager position requirements are a bachelor's degree and work-related experience. The administrative support position requirements are the same as those of direct care staff. In addition, Level VII supervision provides all food, clothing and daily living expenses for youth receiving this level of service.
<b>POSFC</b>	Out of State Placement Family Foster Care	Placement in a licensed family foster home outside of Montana (ICPC must be completed for approval prior to the placement.)
<b>POSRB</b>	Out of State Placement Room and Board	Room and board payment for out-of-state facilities. This payment is only part of the overall rate, and typically must be combined with out-of-state supervision, treatment, and education/special education to provide full payment. The payment does not include clothing.
<b>POSSU</b>	Out of State Placement Supervision	Supervision payment for out-of-state facilities. This payment is only part of the overall rate, and typically must be combined with out-of-state room and board, treatment, and education/special education to provide full payment



<b>POSTP</b>	Out of State Placement in a Facility – All Inclusive Rate	Placement of a child in any substitute care facility out of the state of Montana, except for a family foster home. For payment purposes, the rate will include the total payment for a child's placement in a facility, to include room and board, supervision, treatment, and educational costs. General Fund is the sole funding source for this code. The code may also be used when placing a child in a placement that will not be paid for through CAPS (use SERN).
<b>POSTX</b>	Out of State Placement Treatment	Treatment payment for out-of-state facilities. This payment is only part of the overall rate, and typically must be combined with out-of-state room and board, supervision, and education/special education to provide full payment.
<b>PPCFC</b>	Parent and Child Foster Care (Child age 3 or older)	A family foster care rate that is used when a youth who is a parent of a child age three or older is placed in foster care with his/her child and the parent will be retaining care and custody. The payment includes the foster care room and board payment for the parent and the board, care and clothing payment for the child and should be used instead of PFRS1 or PRRS1. The child is not eligible for foster care Medicaid and application should be made for another Medicaid program.
<b>PPIFC</b>	Parent and Infant Foster Care (Infant under age 3)	A family foster care rate that is used when a youth gives birth to a child while in foster care or when a youth who is a parent of a child under three years of age is placed in foster care with his/her child and will be retaining care and custody of the child. The payment includes the foster care room and board payment for the parent and the board, care, clothing and diaper payment for the child and should be used instead of PFRS1 or PRRS1. The child is not eligible for foster care Medicaid and application should be made for another Medicaid program.
<b>PRCMM</b>	Residential Treatment Facility, Medical Model	In-state residential treatment by a licensed Residential Treatment Facility, and provides 24 hour treatment and care for the child according to the Medical Model of treatment. The facility is Medicaid approved. Medicaid may pay for the child's placement if the child meets the medical necessity requirements, and the placement is pre-approved by Medicaid.
<b>PRCRB</b>	Residential Treatment Center - Supervision	Rate Matrix Level V supervision requires, for every eight beds in the facility, five awake shifts, 24 hours per day, 365 days per year. Two staff must be awake during the day for each shift and one staff awake during the overnight shift. Staff requirements are the equivalent of 8.0 FTE direct care staff. Direct care staff qualifications are a high school diploma or an equivalent combination of education and experience. Level V supervision also requires a 1.5 FTE social worker, a 1.0 FTE program manager and a .25 FTE administrative support staff position. The social worker position requirements are a bachelor's degree and work-related experience. The administrative support position requirements are the same as those of direct care staff. In addition, Level V supervision provides all food, clothing and daily living expenses for youth receiving this level of service.

<b>PRCTX</b>	Residential Treatment Center, Supportive Services	Rate Matrix Level III supportive services requires two awake shifts, 24 hours per day, 365 days per year. Direct care staff qualifications are a bachelor's degree or an equivalent combination of education and experience. For every eight beds in the facility, Level III supportive services also require a 1.0 FTE professional position of therapist or psychologist, a .25 FTE professional medical service position, and a .25 FTE professional level program manager. Professional staff spends 10% of their time providing group therapy sessions, 60% of their time providing individual therapy sessions and 30% of their time providing family therapy sessions.
<b>PRRS1</b>	Kinship Foster Care - Room & Board, Supervision - Level 1	Placement with a person or family identified as a Kinship Foster Home, which provides substitute care for one to six children other than the kinship parent's own children, step-children, or wards. Kinship foster care may be provided by relative(s), member of the child's tribe, godparents, step-parents, or a person to whom the child/parents/family ascribe a family relationship AND with whom the child has a significant emotional tie that existed prior to the department's involvement. Foster care payments are made to the kinship family.
<b>PSRS4</b>	Shelter Care - Room & Board, Supervision - Level 4	Shelter care is short term, emergency foster care provided in a youth care (group home) facility. This service should be used as a temporary measure and the length of placement should not exceed 30 days. The regional administrator or designee may grant a 15-day extension. Rate Matrix Level IV supervision, based on an eight-bed group home, requires three awake shifts, 24 hours per day, 365 days per year. Staff requirements are the equivalent of 4.8 FTE direct care staff. Direct care staff qualifications are a high school diploma or an equivalent combination of education and experience. Level IV supervision also requires a .5 FTE social worker to provide program management and a .25 FTE administrative support staff position. The social worker position requirements are a bachelor's degree or an equivalent combination of education and experience. The administrative support position requirements are the same as those of direct care staff. In addition, Level IV supervision provides all food, clothing and daily living expenses for youth receiving this level of service.

<b>PSRS5</b>	Shelter Care - Room & Board, Supervision - Level 5	Shelter care is short term, emergency foster care provided in a youth care (group home) facility. This service should be used as a temporary measure and the length of placement should not exceed 30 days. The regional administrator or designee may grant a 15-day extension. Rate Matrix Level V supervision, based on an eight-bed group home, requires five awake shifts, 24 hours per day, 365 days per year. Two staff must be awake during the day and one staff awake during the night. Staff requirements are the equivalent of 8.0 FTE direct care staff. Direct care staff qualifications are a high school diploma or an equivalent combination of education and experience. Level V supervision also requires a 1.5 FTE social worker, a 1.0 FTE program manager and a .25 FTE administrative support staff position. The social worker position requirements are a bachelor's degree or an equivalent combination of education and experience. The program manager position requirements are a bachelor's degree and work-related experience. The administrative support position requirements are the same as those of direct care staff. In addition, Level V supervision provides all food, clothing and daily living expenses for youth receiving this level of service.
<b>PSTL1</b>	Shelter Care – Supportive Services - Level 1	Shelter care is short term, emergency foster care provided in a youth care (group home) facility. This service should be used as a temporary measure and the length of placement should not exceed 30 days. The regional administrator or designee may grant a 15-day extension. Rate Matrix Level 1 supportive services, based on an eight-bed group home, requires a 1.0 FTE social worker who provides group and individual counseling sessions. This position spends 25% of their time providing group counseling sessions and 75% of their time providing individual counseling sessions. <b>**PLEASE NOTE: This service should only be used for clients aged 4 – 19**</b>
<b>PSTL2</b>	Shelter Care – Supportive Services - Level 2	Shelter care is short term, emergency foster care provided in a youth care (group home) facility. This service should be used as a temporary measure and the length of placement should not exceed 30 days. The regional administrator or designee may grant a 15-day extension. Rate Matrix Level II supportive services, based on an eight-bed group home, requires, in addition to staff who do day-to-day supervision, an additional two shifts per day of direct care staff. This additional staff, the equivalent of 2.8 FTE, provides therapeutic interventions to the youth in the group home. These direct care positions provide 2-3 group counseling sessions per week and 1-3 individual counseling sessions per week. <b>**PLEASE NOTE: This service should only be used for clients aged 4 – 19**</b>

<b>PSTL3</b>	Shelter Care – Supportive Services - Level 3	Shelter care is short term, emergency foster care provided in a youth care (group home) facility. This service should be used as a temporary measure and the length of placement should not exceed 30 days. The regional administrator or designee may grant a 15-day extension. Rate Matrix Level III supportive services, based on an eight-bed group home, requires awake shifts, 24 hours per day, 365 days per year. Direct care staff qualifications are a bachelor's degree or an equivalent combination of education and experience. Level III supportive services also require a 1.0 FTE professional medical service position and a .25 FTE professional level program manager. Professional staff spends 10% of their time providing group therapy sessions, 60% of their time providing individual therapy sessions and 30% of their time providing family therapy. <b>**PLEASE NOTE: This service should only be used for clients aged 4 – 19**</b>
<b>PSUIL</b>	Supervised Independent Living	Supervised independent living is an alternative transitional living arrangement where youth are under the supervision of an authorized agency but without 24 hours per day supervision as is provided in a traditional foster care setting.
<b>PTAL1</b>	Therapeutic Foster Care Permanency	A step-down service to transition children or youth placed in therapeutic foster care to a lesser level of intensity (non-Medicaid) within the same therapeutic foster home. This is NOT the same as the Medicaid reimbursed Permanency Level of therapeutic foster care.
<b>PTGHI</b>	Group Home Therapeutic -RBS - Intensive Level	Rate Matrix Level VI supervision, based on a four-bed facility, requires awake staff supervision 24 hours per day, 365 days per year. Staff to child ratios during day hours is one direct care staff to two youth and one to four during night hours. An additional direct care staff is available and on-call at all times during day and overnight hours to assist direct care staff as needed. In addition, Level VI supervision provides all food, clothing and daily living expenses for youth receiving this level of service.
<b>PTHTC</b>	Group Home Therapeutic - Treatment Campus	Therapeutic Youth Group Home (TYGH), Campus Based Level Treatment, based on an eight-bed facility, provides services to youth who have met four of six medical necessity criteria for this level of service. Youth must be certified by a medical doctor, masters level social worker, psychologist or a professional counselor licensed to practice in the State of Montana. Specific treatment interventions are carried out in the treatment environment and documented in daily charting. On a weekly basis, youth receive one age-appropriate individual treatment session, two age-appropriate group treatment sessions, and family therapy when appropriate and medically necessary. Treatment interventions are carried out under the supervision of the program's Lead Clinical Staff (LCS) or the Program Manager under the supervision of the LCS. In addition, for each eight youth served, this level of service provides a .25 FTE social worker, a .25 FTE clinical director, a .25 FTE directors of operations, and a .20 FTE registered nurse. See ARM 37.37.101 through 37.37.136.

<b>PTHTI</b>	Group Home Therapeutic - Intensive Level	Therapeutic Youth Group Home (TYGH), Intensive Level Treatment, based on a four-bed facility, provides services to youth who have met five of six medical necessity criteria for this level of service. Youth must be certified by a medical doctor, masters level social worker, psychologist or a professional counselor licensed to practice in the State of Montana. On a weekly basis, youth receive three group treatment sessions, two individual treatment sessions, two treatment team meetings, and family therapy when appropriate and medically necessary. Treatment interventions are carried out under the supervision of the program's Lead Clinical Staff (LCS) or the Program Manager under the supervision of the LCS. See ARM 37.37.101 through 37.37.136.
<b>PTHTM</b>	Group Home Therapeutic - Moderate Level	Therapeutic Youth Group Home, (TYGH), Moderate Level Treatment, based on an eight-bed facility, provides services to youth who have met three of six medical necessity criteria for this level of service. Youth must be certified by a medical doctor, masters level social worker, psychologist or a professional counselor licensed to practice in the State of Montana. On a weekly basis, youth receive two group treatment sessions, one individual treatment session, one treatment team meeting and family therapy when appropriate and medically necessary. Treatment interventions are carried out under the supervision of the program's Lead Clinical Staff (LCS) or the Program Manager under the supervision of the LCS. See ARM 37.37.101 through 37.37.136.
<b>PTRAY</b>	Youth Evaluation Center - Great Falls	Transition home for adjudicated male youths that are under aftercare authority or placement by Youth Court for evaluation purposes. Placement for aftercare may be an alternative placement in secure care or placed as a transition process into the community from secure care.
<b>PTXL2</b>	Therapeutic Foster Care Assessment	Non-Medicaid paid service utilized for a youth entering therapeutic foster care services for assessment purposes. The assessment period is to be authorized only in 30-day increments. During the assessment period, the therapeutic foster care agency provides mental health and behavioral assessment of the youth to determine the appropriate level of care required for the youth. The assessment service may be provided when the youth enters therapeutic care for the first time, or during the step-down process to the non-Medicaid paid permanency level of therapeutic foster care (PTAL1).
<b>PXATI</b>	Alcohol & Drug Treatment - Inpatient	Chemical dependency treatment in a hospital licensed by the Department, or an in-patient hospital care component or an in-patient free standing component approved by the Department pursuant to Title XX, Chapter 3, subchapter 2, ARM.
<b>PXDTN</b>	Detention	Secure care in a licensed detention facility for twenty-four hours, ninety-six hours, and indefinite time.

<b>PXNNP</b>	Kinship Foster Care with a Non-Relative - Non-Paid Placement	Kinship foster home placement with a person or persons who are not legally related to the child, but are godparents, members of the child's tribe, or a person to whom the child/parents/family ascribe a family relationship AND with whom the child has a significant emotional tie that existed prior to the department's involvement. No foster care payments are made to the care provider on behalf of the child.
<b>PXPNP</b>	Non-Paid Non-Custodial Parent Placement	Placement of a child with his/her biological (or legal) parent who did not have physical custody of the child prior to Agency involvement. No foster care payments are made to the non-custodial parent on behalf of the child.
<b>PXRNP</b>	Kinship Foster Care with a Relative – Non-Paid Placement	Kinship foster home placement with a person or persons with whom the child is legally related for the purpose of providing substitute care to the child. No foster care payments are made to the care provider on behalf of the child.
<b>SADFS</b>	Adoption Subsidy – Split Parent	Monthly maintenance payment to divorced adoptive parents on behalf of eligible children. This service will be entered on one of the parents if a subsidy is either ordered to be split by a court or if the family renegotiates and requests their subsidy be split. This code must be used in conjunction with PADFS or PADAP.
<b>SADJD</b>	Parental Contributions Refund	To be used by Central Office staff to refund money due a parent for a child no longer in custody.
<b>SADMS</b>	Adoption - Medical Subsidy	Up to \$2600 annually for medical expenses not covered by Medicaid. This service must be approved as part of the adoption subsidy agreement.
<b>SAFEE</b>	Attorney Fees	Payment for the provision of legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.
<b>SAIRS</b>	Airport Surveillance	Services provided to facilitate the transportation of any youth affected by the Interstate Compact for Juveniles. Use this code when ANY agency is contacted or used to facilitate the transportation of a youth by airline services.
<b>SARHP</b>	Hospitalization	Arranging for admission to any licensed hospital in the state. Includes arrangement for time, admission and transportation.
<b>SARSK</b>	Assessment of Risk Only Juvenile Corrections	Determining the level of danger of physical or mental harm a person may be at due to abuse, sexual abuse, neglect and exploitation. An organized and on-going process consisting of direct contact with a family. This contact is used to objectively gather information to develop strategies for case decisions and outcomes.
<b>SBBBS</b>	Big Brothers/Big Sisters	Match at-risk children with adult role models to provide additional adult support.
<b>SBSAA</b>	Independent Living Needs Assessment	Youth receives an independent living needs assessment which is a systematic procedure to identify a youth's basic skills, emotional and social capabilities, and strengths and needs to match the youth with appropriate independent living services. **Must be entered by Central Office Staff**



<b>SBSAB</b>	Room and Board Financial Assistance	Youth receives room and board payments and other financial assistance such as rent deposits and utilities. **Must be entered by Central Office Staff**
<b>SBSAD</b>	Budget and Financial Management	Youth receives training and other practical assistance related to budget and financial independent living skills. **Must be entered by Central Office Staff**
<b>SBSAE</b>	Post Secondary Education Support	Youth receives support designed to help the youth enter or complete college. **Must be entered by Central Office Staff**
<b>SBSAF</b>	Education Financial Assistance	Youth receives financial assistance for the youth's school books and materials, tuition assistance, examination and application fees and educational vouchers for college tuition or vocational education. **Must be entered by Central Office Staff**
<b>SBSAH</b>	Housing Education and Home Management Training	Youth receives instruction or support services regarding housing responsibilities and home management skills. **Must be entered by Central Office Staff**
<b>SBSAI</b>	Academic Support	Youth receives academic services designed to help a youth complete high school or obtain a General Equivalency Degree (GED). **Must be entered by Central Office Staff**
<b>SBSAJ</b>	Career Preparation	Youth receives services that develop the youth's ability to find, apply for, and retain appropriate employment. **Must be entered by Central Office Staff**
<b>SBSAK</b>	Health Education and Risk Prevention	Youth receives services for health-related educational topics, but not the receipt of direct health services. **Must be entered by Central Office Staff**
<b>SBSAL</b>	Transportation Assistance	Youth receives financial assistance to help the youth get to places they need to be. **Must be entered by Central Office Staff**
<b>SBSAM</b>	Mentoring	Youth receives services where the youth met regularly with a screened and trained adult on a one-on-one basis – can be short-term or support development of a long-term relationship. **Must be entered by Central Office Staff**
<b>SBSAO</b>	Other Financial Assistance	Youth receives any other type of financial assistance to assist the youth to live independently. **Must be entered by Central Office Staff**
<b>SBSAP</b>	Transitional Living Plan	A written plan developed in conjunction with a youth, the youth's social worker, a Transitional Living Specialist and other important adults in the youth's life. The plan is intended to assist the youth in identifying his/her strengths and needs and the programs and services that are necessary to help the youth prepare for independent living. A transitional plan is a required component of the case plan for youth who are 16 or older. **Must be entered by Central Office Staff**

<b>SBSAU</b>	Family Support and Healthy Marriage Education	Youth receives education on maintaining healthy families, including parenting and childcare skills, spousal communication, family violence prevention and responsible fatherhood. Youth receives education on maintaining healthy families, including parenting and childcare skills, spousal communication, family violence prevention and responsible fatherhood. <b>**Must be entered by Central Office Staff**</b>
<b>SBSAV</b>	Employment Programs or Vocational Training	Youth receives programs and training designed to build a youth's skills for a specific trade, vocation or career through classes or onsite training. <b>**Must be entered by Central Office Staff**</b>
<b>SBSRA</b>	Independent Living Needs Reassessment	Youth receives an independent living needs re-assessment every six months. Evaluate goals and tasks from previous assessment. <b>**Must be entered by Central Office Staff**</b>
<b>SCALL</b>	Clothing Allowance	Payments made on behalf of a foster child for clothing.
<b>SCDAF</b>	CD Aftercare Services	Those services that are provided following discharge from an in-patient chemical dependency treatment program. Aftercare services may be provided in a group home setting, through community-based group and/or individual counseling or a combination of both group and individual treatment.
<b>SCDEV</b>	Chemical Dependency Evaluation	Chemical dependency evaluations are performed to determine if drug and/or alcohol abuse and/or dependency issues are present and, if so, the extent of these issues and recommended courses of interventions. Evaluations are performed by certified chemical dependency counselors.
<b>SCDTX</b>	Chemical Dependency - Out Patient Treatment	Alcohol and drug treatment by a licensed chemical dependency counselor.
<b>SCEDP</b>	Coordination of Education Plan	Multi-disciplinary approach to educational planning characterized by separate disciplines with specific assessments and interactions that are followed by plan development and implementation.
<b>SCFGR</b>	Family Group Decision-Making Meeting	A structured meeting of the family and involved parties with Child and Family Services representatives to identify family strengths and needs and design action, safety, voluntary, or family plans to be implemented by the participants of the meeting. Plans developed in the meetings may be court-ordered in cases where the social worker has petitioned for Temporary or Permanent Legal Custody. The purpose of the meeting may be to create the appropriate initial plans, or to review plans that have already been established.
<b>SCMFA</b>	Case Management, Foster or Adoptive Care	Case management services are being provided by a DPHHS worker to a client receiving foster care or adoption care.
<b>SCOGR</b>	Group Counseling	Provided by individuals who have expertise in specific areas. This service is for a client in a group setting.



<b>SCOQH</b>	Counseling - Quarter Hour	Counseling provided by individuals with expertise in specific areas, which is billed by the quarter hour. Counseling is a direct service provided either in an individual or group therapy session.
<b>SCOUN</b>	Counseling	Provided by individuals who have expertise in specific areas, such as nutritionists, spiritual leaders, and tribal elders. Counseling is a direct service that may be provided individually or in a group. Providing information to the victim or family in terms of identifying the problem(s) and solutions(s) to the problem(s) that may be available. Also includes encouraging the person(s) to take necessary action for their own protection.
<b>SCRTC</b>	Court Costs - Publication, Expert Witness	The court may require payment for the testimony of expert witnesses by the parent(s), or other party who committed the maltreatment. For parties unable to pay, Medicaid, alternate forms of public assistance or other resources may be the funding source.
<b>SCRTV</b>	Court Visitor	A person who is trained in law, nursing, social work, medical care, mental health care, pastoral care, education, or rehabilitation and is an officer, employee, or special appointee of the court with no personal interest in a guardianship proceeding. Appointed by the court to be an advocate.
<b>SCSMD</b>	Case Management	Assistance either in the form of access or care coordination in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services, coordinating the provision of services among providers, follow-up, and reassessment, as required. Includes 1) locate services, 2) arrange for services, 3) place persons in the service and 4) follow-up to see that services are meeting the needs of the client.
<b>SDALL</b>	Diaper Allowance	Payment for diapers of infants/toddlers in foster care. Ensures each infant and toddler in foster care has an adequate supply of diapers. The Medicaid Kids Count Program may cover diaper expenses for children age 3 and older if deemed medically necessary by a qualified medical provider.
<b>SDCID</b>	Daycare (D) Infant	Daily infant day care (defined as birth through 23 months) in foster care placement. Service is provided on a per day basis and provided by a registered/licensed provider or legally unregistered provider. The daily unit type will be used for children in day care <u>more</u> than 6 hours a day.
<b>SDCIH</b>	Day Care (H) Infant	Hourly infant day care (defined as birth through 23 months) in foster care placement. Service is provided on a per hour basis and provided by a registered/licensed provider or legally unregistered provider. The hourly unit type will be used for children in day care <u>less</u> than 6 hours a day.
<b>SDCRD</b>	Day Care (D) Regular	Daily regular day care (defined as ages 2-12 years) in foster care placement. Service is provided on a per day basis and provided by a registered/licensed provider or legally unregistered provider. The daily unit type will be used for children in day care <u>more</u> than 6 hours a day.

<b>SDCRH</b>	Day Care (H) Regular	Hourly regular day care (defined as ages 2-12) in foster care placement. Service is provided on a per hour basis and provided by a registered/licensed provider or legally unregistered provider. The hourly unit type will be used for children in day care <u>less</u> than 6 hours a day.
<b>SDENT</b>	Dental (Orthodontia)	Services arranged for care is care of the teeth, including arranging for payment for the services rendered. Foster care funds may be used to pay for these services if no other funds are available. Payment should be made at the Medicaid approved reimbursement rate.
<b>SDOVM</b>	Domestic Violence Services	A contracted service provided to victims of spouse abuse/domestic violence by one of 20+ local Domestic Violence organizations funded by the Department. Includes support services such as securing emergency food and shelter (shelters and safe houses), counseling, advocacy, education, assistance with legal, financial and other crises, and referral to helping agencies.
<b>SDRVW</b>	Death Review	Multidisciplinary review to identify and define the underlying nature and scope of child fatalities.
<b>SEDOS</b>	Education, Regular Out of State	Regular educational payment for out-of-state facilities. This payment is only part of the overall rate, and must typically be combined with out-of-state room and board, supervision, and treatment, to provide full payment. If SEDOS is used, SEDOT is not to be used.
<b>SEDOT</b>	Education, Special Out of State	Special educational payment for out-of-state facilities. This payment is only part of the overall rate, and must typically be combined with out-of-state room and board, supervision, and treatment, to provide full payment. If SEDOT is used, SEDOS is not to be used.
<b>SEDTH</b>	Education Tutor/Home School	Arrangement for and/or payment of educational services, including tutor services or home schooling.
<b>SEDUC</b>	Education	Any education service not directly provided or reimbursed by a local school district or reimbursed by the State of Montana Office of Public Instruction.
<b>SELAP</b>	Elder Abuse Prevention	Public education, outreach, and training on receipt of complaints or reports of abuse and case referral to appropriate agency.
<b>SEMRM</b>	Removal	Removal of a child from the care and supervision of his or her parents or parental substitutes.
<b>SEQUP</b>	Equipment	This includes durable medical equipment, personal needs equipment (stereo, bed), or other durable equipment.
<b>SEVAL</b>	Evaluation	Any evaluation that is not covered by another service code. There are already codes for chemical evaluation (SCDEV), psychological evaluation (SPSYC), and sex offender evaluation (SPSXO).

<b>SFBSB</b>	Family Based Services	Short-term, intensive therapeutic services provided to families in their own homes when the families are in crisis and the children are at risk of out-of-home placement due to protective service issues, serious emotional disturbance of the child, or foster and/or adoptive placement breakdown. These intensive services are designed to enhance the ability of the family to cope with stress; reduce incidence of abuse and neglect, and prevent children from being removed from their home.
<b>SFBSU</b>	Family Based Services - Unit Based	Short-term, intensive therapeutic services provided to families in their own homes when the families are in crisis and the children are at risk of out-of-home placement due to protective service issues, serious emotional disturbance of the child, or foster and/or adoptive placement breakdown. These intensive services are designed to enhance the ability of the family to cope with stress, reduce incidence of abuse and neglect, and prevent children from being removed from their home. In these cases services are paid for on a per unit basis.
<b>SFNRL</b>	Funeral Expenses	The making of funeral arrangements, payment of final bills, and filing necessary notification to the court and, if necessary, social security.
<b>SFPRN</b>	Family Preservation Services	Services designed to help families alleviate crises that might lead to out-of-home placements of children: services to maintain the safety of children in their own homes, support families preparing to reunify or adopt, and assist families in obtaining services and other support necessary to address their multiple needs in a culturally sensitive manner. These services are provided to a family in response to intervention by child protective services. If a child cannot be protected from harm without placement, or the family does not have adequate strengths on which to build, family preservation services are not appropriate.
<b>SFROR</b>	Friend of Respondent	As defined in 53-21-102 MCA, a person or agency staff person is appointed by the court to assist a person alleged to be mentally ill, a seriously mentally ill patient, or an alleged seriously mentally ill patient in dealing with the legal procedures involved in a court commitment to mental health services or a mental institution.
<b>SFSUP</b>	Family Support Services	Primarily community based, preventative activities designed to alleviate stress and promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children. Enable families to use other resources and opportunities available in the community. Create supportive networks to enhance child-rearing abilities of parents and help compensate for the increased social isolation and vulnerability of families. These services are provided to families prior to intervention by child protective services.
<b>SGAAF</b>	Guardianship Cost – Attorney/Court Cost, Non-Reoccurring	Reimbursement to Guardians for actual costs related to the legal guardianship of a child, such as attorney fees, court costs, etc. The expense must be approved as part of a subsidized guardianship agreement.

<b>SGAAS</b>	Guardianship Cost – Guardianship Study, Non-Reoccurring	Reimbursement to Guardians for the actual costs of a home study/guardianship assessment completion which resulted in the legal guardianship of a child. The expense must be approved as part of a subsidized guardianship agreement.
<b>SGAFS</b>	Guardianship Cost – Sibling Attorney/Court Cost, Non-Reoccurring	Reimbursement to Guardians for actual costs related to the legal guardianship on behalf of a sibling of an eligible child who is placed in the same guardianship home. These costs would include attorney fees, court costs, etc. The expense must be approved as part of a subsidized guardianship agreement.
<b>SGASS</b>	Guardianship Cost – Sibling Guardianship Study, Non-Reoccurring	Reimbursement to Guardians for actual costs related to a home study which resulted in completion of a home study/guardianship assessment which resulted in the legal guardianship on behalf of a sibling(s) placed in the same guardianship home. The expenses must be approved as part of a subsidized guardianship agreement.
<b>SGATR</b>	Guardianship Cost – Travel, Non-Reoccurring	Reimbursement to guardians for the actual costs of travel expenses incurred resulting in the legal guardianship of a child. The expenses must be approved as part of a subsidized guardianship agreement.
<b>SGATS</b>	Guardianship Cost – Sibling Travel, Non-Reoccurring	Reimbursement to guardians for the actual costs of travel expenses incurred on behalf of a sibling(s) placed in the same guardianship home resulting in the legal guardianship of the sibling(s). The expenses must be approved as part of a subsidized guardianship agreement.
<b>SGLAS</b>	Glasses	Arranging for person to obtain and pay for glasses.
<b>SGUAR</b>	Guardianship Subsidy – Split Parent	Monthly payment to a guardian on behalf of an eligible child. This service will be entered on one of the parents if a subsidy is either ordered to be split by a court or if the family renegotiates and requests their subsidy be split. This code must be used in conjunction with PGUAR or PGUAS.
<b>SHICA</b>	Health Insurance - Counseling and Assistance	A statewide information, counseling, and assistance program for beneficiaries relating to Medicare, Medicaid, Medicare supplemental policies, long-term care insurance and other health insurance benefit information.
<b>SHLTH</b>	Health Care (Medical)	Any one of a range services which may be provided to prevent or treat the physical illness or symptoms of the individual. Typically these services are rendered by medical professionals such as a MD, nurse, nurse practitioner, physician assistant, etc.
<b>SHLTS</b>	Health Screening	Having a trained health professional perform various medical screening tests such as blood pressure reading, diabetes or glaucoma screening, hearing examinations, strictly for the purpose of detecting medical disorders. Can be provided in in-home, community or other settings such as care-providing facilities.
<b>SHOMS</b>	Home Study	Assisting a parent or family to assess their readiness for placement of a child in their home. The determination by the Department, or a person designated by the Department, or a licensed child placing agency, of the compliance of the parent or family and their residence with applicable standards.

<b>SIHOM</b>	In-Home Services	In-home services paid for through a contract, which may be offered with the children in the home, or offered to parents after a child has been removed from the home for reunification purposes. Included, but not limited to, parenting education, behavior and anger management, enhancing communication skills, organizational skills (housekeeping, budgets), respite care, targeted case management, and educational classes. Services offered to a parent when the children are not in the home have the goal of reducing barriers for reunification, and may include the above services and/or supervised visitation with the child.
<b>SIHOS</b>	In-Home, Unit Based, Services	In-home services that are paid based on a unit, rather than a contract. Included, but not limited to, family assessments, parenting classes, family counseling and respite.
<b>SINFA</b>	Information and Assistance	A service that provides individuals with current information on opportunities and services available to them within the community; assess the problems and capacities of individuals; linking individuals to the opportunities and services that are available; and, to the maximum extent practicable, ensures that individuals receive the services they need, and are aware of the opportunities available by establishing adequate follow-up procedures.
<b>SINVR</b>	Investigation of Reports	Process of making a thorough assessment through direct contact with the family to objectively assess and support the family in creating sustainable solutions related to the identified risk issues.
<b>SITAK</b>	Intake, Taking the Report	Process of collecting sufficient information to assess the nature and scope of child fatalities. Process of collecting sufficient information to assess the nature and urgency of the report, credibility of the source, and an explanation of the agency's statutory responsibilities and resources.
<b>SJCRF</b>	JC - Request for Field Investigation	Placement and case plan supervision request by a secure care facility or field officer for adjudicated youth outside the requestor's jurisdiction. When this service is put in place by the requesting agency, time documentation and response sequence is implemented automatically. This service is intended to facilitate the timely response to a request and implement a communication network between department services.
<b>SMLHD</b>	Meals - Home Delivered	Provision, to an eligible client or other eligible participant at the client's place of residence, a meal which complies with the Dietary Guidelines for Americans, and (a) provides a minimum of 33 and 1/3 percent of the daily recommended dietary allowances (RDA) if one meal is served, (b) provides a minimum of 66 and 2/3 percent of the daily RDA if two meals are served, and (c) provides 100 percent of the daily RDA if three meals are served.
<b>SMMEX</b>	Misc. Medical Expenses	Medical expenses that are not specifically covered by another code.
<b>SMMGT</b>	Money Management	Includes assisting client to purchase items needed for daily living, balancing checkbooks, and help to set up household budgets.

<b>SNAAF</b>	Adoption Costs - Attorney and Court Costs - Non Reoccurring	Reimbursement to adoptive parents for actual costs related to the legal adoption of a child with special needs, such as attorney fees, court costs, etc. The expense must be approved as part of an adoption subsidy agreement.
<b>SNAAS</b>	Adoption Costs - Adoption Study - Non Reoccurring	Reimbursement to adoptive parents for the actual completion of an adoptive study which resulted in the adoption of a child with special needs. The expense must be approved as part of an adoption subsidy agreement.
<b>SNAPS</b>	Adoption Costs - Placement Supervision - Non Reoccurring	Reimbursement to adoptive parents for the actual cost of post-placement supervision provided between placement of a child with special needs and finalization of the adoption. The expense must be approved as part of an adoption subsidy agreement.
<b>SNATR</b>	Adoption Costs - Travel - Non Reoccurring	Reimbursement to adoptive parents for the actual costs of travel expenses incurred in the course of transitioning a child with special needs into the adoptive parents' home. The expenses must be approved as part of an adoption subsidy agreement.
<b>SNUCO</b>	Nutrition Counseling	Provision of individualized advice and guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, medication use or chronic illnesses, about options and methods for improving their nutritional status, performed by a health professional in accordance with state law and policy.
<b>SNUED</b>	Nutrition Education	A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participant or participants and care givers in a group or individual setting overseen by a dietician or individual of comparable expertise.
<b>SOCNR</b>	Open Client No Removal -	In order to enter SOCNR on SERL, CFSD must be providing case management services to children/families in which: The parent(s) have signed a Voluntary Protective Services Agreement; or CFSD has court ordered placement authority of the child, but it has been determined that it is safe and in the child's best interest to remain in his or her home. This service code is not to be used anytime a child has been removed from his or her home. This includes THV (Trial Home Visit) or when a child is placed with the non-custodial parent. Prior to entering SOCNR, all removals (including corrections) must be closed and any subsequent removal (including corrections) cannot be entered until SOCNR is closed.
<b>SOCTR</b>	Occupational Therapy (Not Aging Services)	The evaluation, treatment and instruction of individuals in order to assess, correct, alleviate and limit barriers to productivity, adaptability, enhanced performance, and increased participation in creative activity and/or employment. All occupation therapy must be prescribed by a physician and provided by a licensed occupational therapist, except that an occupational therapy assistant, student or aide may assist in the practice of occupational therapy under the direct supervision of the licensed occupational therapist who is responsible for and participates in the individual's treatment program.



<b>SOSSP</b>	Other Support Services for Placement	Support Services provided to a child in a placement (family foster care) not specifically defined by other service codes.
<b>SOTOP</b>	One-Time Payment	One-Time Payment to providers. Central Office use only. Paid for placements open on 11/29/12 in the amount of \$500.
<b>SPART</b>	Parenting Classes or Training	Specific training or classes provided to a parent to teach and improve parenting skills.
<b>SPASS</b>	Post Adoption Support Services	Services provided to an adoptive family after the legal adoption of a child that are intended to assist or support the adoptive parents in appropriately meeting their own needs or the needs of a family member.
<b>SPDAD</b>	Paternity Test	Providing funding for the medical paternity testing to a male who has been identified as the possible or potential father of a particular child or group of siblings.
<b>SPHTR</b>	Physical Therapy	The evaluation, treatment and instruction of individuals in order to assess, correct, alleviate and limit physical disability, bodily malfunction and pain, injury and any bodily or mental disability. All physical therapy must be prescribed by a physician and provided by a licensed physical therapist -- except that a physical therapy assistant, student or aide may assist in the practice of physical therapy under the direct supervision of the licensed physical therapist who is responsible for and participates in the individual's treatment program.
<b>SPNDS</b>	Personal Needs - Includes Money From Trust Account	Includes items that need to be purchased for the individual.
<b>SPPGH</b>	Polygraph Exam, Arrange/Payment	Polygraph arranging and/or payment for polygraph examinations.
<b>SPRCR</b>	Personal Care	Locating and setting up in home or in residential care settings persons to come in and assist the client to accomplish the basic tasks of daily living such as eating, dressing, or bathing.
<b>SPRFR</b>	Protecting Financial Resources	Locating and arranging a protective payee, financial guardian, or conservator for a client. Can also include giving advice to the person on resource management and protection.
<b>SPRGR</b>	Guardianship, Medical/Management, Full or Limited	Arranging for the Agency to become full or medical guardian and managing that guardianship.

<b>SPSCI</b>	Psychiatric Services	Psychiatric crisis intervention services are provided individuals who have been diagnosed as having a mental health disorder or who evidence behaviors which indicate a severe mental health disturbance. The purpose of crisis psychiatric intervention services is to provide immediate medical assessment and any subsequent treatment. Assessments and treatments are provided in the least restrictive environment which also meets the safety issues of the patient and the community.
<b>SPSDT</b>	Psychiatric Day Treatment	Psychiatric day treatment programs
<b>SPSIT</b>	Psychiatric Service - Individual TX Outpatient	Psychiatric individual treatment is provided directly by a psychiatrist or other licensed mental health professional under the supervision of a licensed psychiatrist to individuals who have a diagnosed psychiatric condition.
<b>SPSNS</b>	Social Security - State Supplement - Personal Needs	Used to initiate the payment of the \$40 per month personal needs allowance on behalf of a foster child. The child must be receiving SSI and the Department must be payee for the child's funds in order to be eligible for this payment.
<b>SPSTX</b>	Sex Offender Treatment	Provision of sexual offender treatment to a youth or adult identified by an appropriate professional as a sexual offender.
<b>SPSXO</b>	Sex Offender Evaluation	Arranging for or provision of a sex offender evaluation.
<b>SPSYC</b>	Psychological	Psychological services are both assessment and/or treatment services provided by a licensed psychologist.
<b>SPUBL</b>	Publications in Newspapers	Used for items that must be published in newspapers.
<b>SRCDT</b>	Referral - CD Treatment	Chemical dependency treatment is the provision of planned interventions specific to alcohol and/or drug abuse and/or dependency. Certified chemical dependency counselors supervise these interventions. Residential chemical dependency treatment is provided in an inpatient setting. Interventions are provided through group or individual treatment.
<b>SRESP</b>	Respite	Short-term or temporary care provided to an individual in need of supportive care so as to relieve those persons normally caring for this individual from that responsibility.
<b>SRETF</b>	Therapeutic Foster Care Respite	Short-term or temporary care provided to a youth placed in a therapeutic foster home so as to relieve the therapeutic foster parents from the responsibility of care. The service may only be paid when Medicaid does not authorize respite as a service necessary to support the mental health treatment of the youth, or in the event that the youth is otherwise ineligible for Medicaid reimbursed mental health services. The maximum number of days that may be authorized is 38 days per child per fiscal year.
<b>SRFND</b>	Refund From Trust Account	Refunding overpayments from the child's trust account to the original payor.



<b>SRFPA</b>	Referral - Post Adoption Placement	Services that are intended to assist a person or family in resolving issues related to adoption that arise or continue following legal finalization of an adoption.
<b>SRRAR</b>	Resource and Referral At-Risk Admin Op	Refers to services purchased via contracts with the 12 Resource & Referral agencies for administration and operation of the federal At-Risk Child Care (ARCC) program's sliding fee scale day care services--including determination of client (family) eligibility for ARCC under the Montana Sliding Fee Scale, certification/approval of day care hours, periodic case reviews and related monitoring of ARCC day care services.
<b>SRREC</b>	Resource and Referral Early Child Development Services	Refers to services purchased via contracts with the 12 Resource & Referral agencies for recruiting and training providers of day care services. Includes orientation, skills training and linking of parents with needed day care resources. Also includes the R&R activities of assisting parents in locating child care options in their community and of providing parents and others in their communities with information on state-funded payment assistance programs for child care and other early childhood programs and services, and the networking between these agencies.
<b>SRRNC</b>	Resource and Referral Network Coordination	Refers to services purchased via contract to coordinate and improve the activities and services of the 12 Resource & Referral agencies.
<b>SRSFV</b>	Referral for Services	Identifying service providers and arranging for clients to obtain the services identified. Could also include assistance in completing entry requirements. Provision of information and or direction to the client or other individual that they should contact a particular source that may be able to provide the services they are requiring at the time.
<b>SSCLA</b>	Support Current Living Arrangement	Arranging for in home services such as: home health, home attendant, meals-on-wheels, and friendly visitors. Identifying hazards in the clients living situation and locating and placing services that will come into the home that will remedy the hazard so the person can remain there. Such services could be homemaker, home chore, public health sanitarian, life-line, etc.
<b>SSCLR</b>	Social Security Claims Represent	Services purchased to increase the number of children in DPHHS care that receive SSI and OASDI benefits.
<b>SSHOA</b>	Shopping Assistance	Providing assistance in purchasing clothing, food, medical supplies, household items and/or recreational materials.
<b>SSKNR</b>	In-Home Skilled Nursing	Locating and setting up licensed skilled nursing services to come into the client's home as recommended by the client's physician.
<b>SSPAC</b>	Supervising Placement - Adult Facilities	Identifying specific placement resources for a client, arranging trial visits, arranging for the actual time and transportation for the client to go into the placement, and follow-up to assure client's adjustment to the new placement.

<b>SSPTR</b>	Speech Therapy	Diagnostic, screening, preventive or corrective services provided by a licensed speech pathologist, upon physician's referral, to an individual with speech and language disorders.
<b>SSSUP</b>	Senior Companion Supervision	Development of care plan and supervision of senior companions to maintain client's independence.
<b>SSUPV</b>	Supervised Visits	This service code is used when clients are visited in a CFSD supervised setting. There are no preset rates since the cost varies from location to location. One visit equals one service unit. An invoice is required to provide this service.
<b>STELR</b>	Telephone Reassurance	Calling isolated, homebound, or vulnerable older persons on a daily basis to check on them and provide support, comfort, and companionship.
<b>STRAC</b>	Trust Account Closure	This code is utilized to close a child's trust account when the child leaves the Department's care and custody.
<b>STRKS</b>	Tracker Services	One on one contact/supervision of a youth for a determinate amount of time.
<b>STRNA</b>	Transportation (Aging Contract)	Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.
<b>STRNE</b>	Transportation for Education	Transportation for education purposes. This code should be used for transportation costs associated with maintaining educational stability of children in Foster Care, under the Fostering Connections Act. This code is IV-E eligible.
<b>STRNP</b>	Travel – Special One Time, Non-Invoiced	Non-invoiced transportation for special circumstances. Would encompass transportation needs that do not fit under the regular transportation service codes because of the edit limit. Example, buying a plane ticket for a client when the cost of the ticket cannot be invoiced to the department.
<b>STRNT</b>	Special Transportation, Invoiced	Invoiced transportation for special circumstances. Would encompass those transportation needs that do not fit under the regular transportation service because of the edit limit. Example: buying a client a bus ticket that can be purchased through an invoice.
<b>STRNX</b>	Transportation	This code replaces STRNS. For Foster Care, is limited as follows: one way is 10 or more miles; transportation is provided or paid for by the foster parent; and child is being transported for other than medical reasons approved by the supervisor.
<b>SUANA</b>	Urine Analysis - Drug Abuse Monitoring	Used for payment of urine analysis to monitor drug treatment programs.
<b>SUGAR</b>	Underpayment Guardianship	This service is used to pay the difference determined in a guardianship subsidy re-negotiation. This code requires Central Office approval.
<b>SUPAA</b>	Underpayment Applicable Adoption	This service is used to pay the difference determined in an applicable child adoption subsidy re-negotiation. This code requires Central Office approval.
<b>SUPAD</b>	Underpaid Adoption Correction	This service is used to pay the difference determined in an adoption subsidy re-negotiation. This code requires Central Office approval.

<b>SUPFC</b>	Underpd FFC Correction	Family Foster Care – to correct payments when wrong service code is used, when service code has not been updated with the correct rate, or when two agencies are sharing the cost of a placement for a specific client.
<b>SUPGH</b>	Underpd Group Home Correction	Regular or Therapeutic Youth Group Homes - to correct payments when wrong service code is used, when service code has not been updated with the correct rate, or when two agencies are sharing the cost of a placement for a specific client.
<b>SUPIR</b>	Underpd In State Res Correction	In-State Residential Treatment Facilities - to correct payments when wrong service code is used, when service code has not been updated with the correct rate, or when two agencies are sharing the cost of a placement for a specific client.
<b>SUPOS</b>	Underpd Out of State Correction	Out-of-State Facilities - to correct payments when wrong service code is used, when service code has not been updated with the correct rate, or when two agencies are sharing the cost of a placement for a specific client.
<b>SUPSC</b>	Underpd Shelter Care Correction	Shelter Care Facilities - to correct payments when wrong service code is used, when service code has not been updated with the correct rate, or when two agencies are sharing the cost of a placement for a specific client.
<b>SXATI</b>	Alcohol and Drug Treatment/In-Patient	Chemical dependency treatment in a hospital licensed by the Department, or an in-patient hospital care component or an in-patient free standing component approved by the Department pursuant to Title XX, Chapter 3, subchapter 2, ARM.
<b>SYACT</b>	Youth Activities	Used for services such as music lessons, camps, recreational activities or any other youth activity that does not fit with another service code.

# COURT HISTORY



SE-04

- You can ADD, INQUIRE, MODIFY or INACTIVATE court events
- Complete history of court events in the system

## CRTL - Court List

```
CAFSCTRL          COURT LIST          07/06/2007   10:38
USER ID : CS4566                                PAGE NO: 001
CAPS ID : 00001300    25    NAME: KOCH, MELISSA

TO DISPLAY, ENTER X: X ACTIVE ONLY _ ACTIVE AND DELETED F11, ENTER TYPE:
START FROM:          COURT REASON:
TO SELECT, ENTER I=INQUIRE, M=MODIFY, OR D=DELETE      EFFECTIVE DATES
SEL TYPE HEAR/FILE DT   REASON    DISPOSITION STS    FROM      TO
-   MNE  07/06/2007
-   CTO  06/03/2007   TPR          MRT FRT    A    07/01/2007  99/99/9999
-   PET  10/01/2006   PLC          PLC        A    10/01/2006  99/99/9999
-   PET  06/01/2006   GSP          GSP        A    06/01/2006  12/31/2006
-   PET  01/05/2006   TIA  TLC    TIA  TLC    A    01/01/2006  06/30/2006

PATH: █
```

- This screen displays the court events specific to a client
  - A document type must be entered before pressing F11 to add a new detail
- You may INQUIRE on a court event at any time
- MODIFY on any court reason is possible only until the COURT DISPOSITION is entered
  - Once the disposition is entered, the majority of the information on the court event becomes protected
- DELETE on a court reason actually inactivates the record but retains it on the system. Before entering a D to delete, you must enter COMMENTS at the bottom of CRTD (Court Detail) for the reason you wish to inactivate, then come back to CRTL and place a "D" on the select line, press ENTER and SHIFT+F4 to confirm the delete
- By entering a START FROM date you may view COURT REASONS from a particular date forward
- You can view specific COURT REASONS by entering the COURT REASON type

### *CRTD - Court Detail*

```
CAFSCRTD          COURT DETAIL          05/19/2008    13:26
USER ID : CS4566   MODIFY
CAPS ID : 00001300   00   NAME: KOCH, MELISSA
                                LAST UPDATED: 01/31/2008 BY:

CAUSE NUMBER       : 01182006MH
TYPE OF COURT DOCUMENT: CTO          EFFECTIVE DATES OF COURT ORDER
COURT REASON       : EPS  TIA  TLC          FROM : 01/01/2008  TO : 06/30/2008
HEARING/FILING DATE : 01/05/2008
ADJUDICATION DATE  : 01/05/2008          NEXT HEARING DATE : 06/30/2008
COURT DISPOSITION  : EPS  TIA  TLC
DATE ORDER RECEIVED : 02/02/2008
COURT JURISDICTION : D01253
TRIBAL NOTIFICATION :
COUNTY ATTORNEY ID :
GUARD AD LITEM ID(1):
GUARD AD LITEM ID(2):

JUVENILE OFFICER ID :
COMMITMENT TYPE     :   DOC COMMITMENT END DATE:

COMMENTS: COMMENTS MUST BE ENTERED IN ORDER TO DELETE A COURT RECORD FROM THE
          CRTL SCREEN.

                                PATH:
```

- This screen is used to record details of specific COURT REASONS that involve a client
- F10 displays the RELL (Relationship List) screen and allows you to copy a COURT REASON to another client's record
- Once a disposition is entered and ENTER is pressed, a confirm message will appear at the bottom of the screen
  - Once SHIFT+F4 is pressed, most fields will be protected and cannot be changed
- An EVENT is recorded each time a COURT REASON occurs
- An alert (report to the court/court review due) will be created to the worker and the worker's supervisor 30 days prior to the NEXT HEARING DATE, if one has been entered
- Fields are enterable or non-enterable based on the type of court document being entered

## *EXPLANATION OF COURT JURISDICTION, ICPC & ICWA CONTACTS*

The codes for the various courts and contacts are as follows:

<b><i>For MT District Courts:</i></b>	<i>D99887</i> where D = District Court Designation and 99 = Judicial District Number and 88 = CAPS County Number and 7 = Judge Identification Number
<b><i>For Tribal Courts:</i></b>	<i>SXXYY9</i> where S = Tribal Court Designation and XX = State Code Abbreviation and YY = Tribe Abbreviation and 9 = Judge Identification Number
<b><i>For Tribal Contacts:</i></b>	<i>TXX999</i> where T = Tribal Contact Designation and XX = State Code Abbreviation and 999 = Tribe Identification Number
<b><i>For ICWA Contacts:</i></b>	<i>IXXXYY</i> where I = ICWA Contact Designation and XX = State Code Abbreviation and YY = Tribe Abbreviation
<b><i>For BIA Area Offices:</i></b>	<i>BIA999</i> where BIA = BIA Contact Designation and 999 = Area Number (001 through 012)
<b>For ICPC Contacts:</b>	<i>CXXYY(Y)</i> where C = ICPC Contact Designation and XX = State Code Abbreviation and YY(Y) = CAPS MT/CA County Number (No code needed for other states)
<b>For ICJ Contacts:</b>	<i>JXXYY(Y)</i> where J = ICJ Contact Designation and XX = State Code Abbreviation and YY(Y) = CAPS MT/CA County Number (No code needed for other states)

### *Tips & Tricks for Entering Court Details*

#### Permanency Hearing Effective Dates

When a permanency hearing is held, the effective **FROM** date should *always* be the first day of the month the hearing is held. The effective **TO** date should *always* be the last day of the month (plus one year) the hearing is held. (For example, if a permanency hearing is held on 5/15/06, the effective FROM date would be 5/1/06 and the effective TO date would be 5/31/07.)

#### “Until Further Order” Orders

If you have a court order that says, for example, “six months or until further order of the court”, do not calculate six months into the future and put that as the effective TO date on CRTD. Leave the TO date as 99s and enter the six month date in the NEXT HEARING DATE field. The assigned worker will receive an alert 30 days prior to the next hearing date and, at that time, can identify if a new order has been received or if the current order will remain open.

#### Scanning Court Documentation for Attaching in DocGen

All court documentation scanned and attached through DocGen should match orders that are entered on CRTD. The IV-E Unit requires the following information be attached to each child:

Initial order = Affidavit, Petition and EPS (Emergency Protective Services) order. (If there is a parental agreement, this should also be attached.)

Every subsequent order must then be attached, along with all permanency hearing documentation.



*CPHL - Client Placement History List*

```
CAFSCPHL          CLIENT PLACEMENT HISTORY LIST          07/06/2006  11:25
USER ID : CS4566                                     PAGE NO: 001
CAPS ID : 00002084    25    NAME: FURST, EVE

TO SELECT  ENTER I=INQUIRE, M=MODIFY                TO ADD=F11 + FASTPATH
                                                    EXIT
S  TYPE  FACILITY    FACILITY / PERSON NAME          START DATE  END DATE  RSN
_  FCARE 0007109 001 MAHONEY SEAN AND SUSANNE        12/20/1997  99/99/9999

                                                    PATH: █
```

- This screen displays all a specific clients placements
- You can add a placement by typing the appropriate screen in the path and pressing F11, the system will take you to the appropriate placement screen in ADD mode
  - PLAD (Placement Detail) – foster care, shelter care, group home, etc
  - ADOD (Adoption Detail)
  - GARD (Guardianship Detail)
  - JJPD (*Juvenile Justice Placement Detail*) – *Pine Hills & Riverside ONLY*
  - JDET (*Detention Placement Detail*)

*PLAD - Placement Detail*

```
CAFSPLAD          PLACEMENT DETAIL          11/30/2009   15:07
USER ID : C74142SW  MODIFY
CAPS ID : 00001005   00   NAME: TRUST, JOE

PROVIDER/FACILITY : 0001065 001  BRAND NEW FOSTER HOME
ADDRESS: 2401 COLONIAL DR
        HELENA             MT  59601 - 4980        PHONE: 406 443-1005

PERMANENCY GOAL:  GSP GUARDIANSHIP

PLACE START DATE: 10/01/2006      CHILD IN PLCMT DUE TO PARENTAL OR
PLACE EXIT DATE : 09/28/2009      CARETAKER DRUG USE FROM WHERE CHILD
                                   WAS REMOVED: Y DRUGS: ALC

PROX TO HOME (Y/N): Y      LIC TYPE YFH STS: REG ASSOC DT: 10/01/2006
PROX TO SCHOOL(Y/N): Y    PROX CMT:
COMMENTS:                 PROX CMT:

PLC CHANGE/DISCHARGE?: D  EXIT REASON : RTH RETURN TO HOME REMOVED FROM
PLACEMENT STATUS CD: AT ACTIVE PLACEM START DT: 10/01/2006 END DT: 09/28/2009
PLACING WORKER ID: C74142SW WORKER, SOCIAL
SHIFT + F1=PLSH  SHIFT + F2=LICH

                                   PATH:
```

- If the first placement is being entered, a removal service is required on SERN first. If a subsequent placement is being stored, the removal reason associated with the preceding placement suffices as long as the placements end and begin on the same day. If there is a break in placement, a new removal service will need to be added on SERN.
- In the Provider/Facility fields, use F12 to access PROS, search on the placement provider; use S to select the provider/facility. CAPS brings the provider back to PLAD.
- The CHILD IN PLACEMENT DUE TO PARENTAL OR CARETAKER DRUG USE FROM WHERE THE CHILD WAS REMOVED flag is required. The DRUGS fields associated with the “child in placement” flag are optional.
- Upon closure, identify if the closure is due to “placement change” or “discharge”; then select the appropriate EXIT REASON code
- SHIFT + F1 displays PLSH (Placement Status History) where you can record changes in placement status
- SHIFT + F2 displays LICH (Placement License History) where you can view license associations for the placement
- Press F12 in the LIC TYPE field; this displays FALL where you select the correct license that encompasses the placement date and the placement’s license type requirements.

*FALL - Facility Approval/Licensing List*

```

CAFSFALL          FACILITY APPROVAL/LICENSING LIST    02/20/2008    10:50
USER ID : C84142                                PAGE NO: 001
PROV NO : 0007109  001          PROV NAME: MAHONEY SEAN AND SUSANNE
                                   FACIL NAME: MAHONEY SEAN AND SUSANNE

TO SELECT, ENTER I=INQUIRE, M=MODIFY,          START FROM:
      D=DELETE, C=COPY OR S=SELECT  FACILITY TYPES:

      FAC      STATUS
SEL  TYP  CUR  PREV  APRV  APPLICATN    ISSUED    EXPIRATION    RENEWAL    TERMINATION
—    YFH  REG              Y    09/01/97    09/30/97    09/29/08    09/30/07

                                     PATH:

```

- This screen displays a history of all licenses associated to a specific facility. Facilities may be licensed for multiple license types during the same time period.
- Select the appropriate item with the necessary license type, current status, and date span.
- Do not select an expired license or a license that has not been approved, on FALL.

*PLSH – Placement Status History*

```
CAFSPLSH          PLACEMENT STATUS HISTORY          07/06/2006   11:39
USER ID : CS4566   MODIFY                                PAGE NO:   1
CAPS ID : 00002084   00   NAME: FURST, EVE

DISPLAY - CURRENT PLACEMENT: X OR ALL PLACEMENTS:

TO SELECT, ENTER M=MODIFY OR D=DELETE

SEL STS DESCRIPTION      PROVIDER  NAME      START DATE  END DATE
■  TH  TRIAL HOME VISIT   0006082 001 JUAREZ RODNEY A 06/11/2006 99/99/9999
  MH  HOSPITAL FOR MEDICAL 0006082 001 JUAREZ RODNEY A 06/10/2006 06/11/2006
  AT  ACTIVE PLACEMENT    0006082 001 JUAREZ RODNEY A 05/12/2006 06/10/2006
  PH  HOSPITAL FOR ACUTE P 0006082 001 JUAREZ RODNEY A 05/09/2006 05/12/2006
  RN  RUNAWAY              0006082 001 JUAREZ RODNEY A 05/07/2006 05/09/2006
  AT  ACTIVE PLACEMENT    0006082 001 JUAREZ RODNEY A 05/01/2006 05/07/2006

PATH:
```

- This screen will display the placement status history for a specific client
  - If accessed from PLAD, will display history for the placement on PLAD
  - If accessed from any other screen, will display history for all placements
- This screen is used to add placement status changes if the placement on PLAD is to remain open. Valid codes are AT (Active Placement), ET (Extended Trial Home Visit), MH (Hospital for Medical Processes), PA (Pre-Adoptive Placement), PH (Hospital for Acute Psychiatric Care), RN (Runaway) and TH (Trial Home Visit)
- The previous placement status must be closed before a new placement status can be entered
- The new placement status start date must equal the previous placement status end date
- Placement status information cannot be modified if the placement is closed
- The original AT (Active Placement) status code cannot be modified or deleted
- The most recent placement status can be deleted if the end date is still 9999

*LICH – Placement License History*

```

CAFSLICH                                PLACEMENT LICENSE HISTORY                11/30/2009    15:10
USER ID : C74142SW INQUIRE                PAGE NO: 001
CAPS ID : 00001005      00      NAME: TRUST, JOE

DISPLAY - CURRENT PLACEMENT: X OR ALL PLACEMENTS:
DISPLAY - ACTIVE LICENSE ASSOCIATIONS: _ ALL LICENSE ASSOCIATIONS: X

      PLACEMENT          LICENSE          LICENSE          ASSOCIATED
EFFEC DATE  EXIT DATE  TYP STS  ISS DATE  EXP/TRM DATE  BEGIN DATE  END DATE
10/01/2006  09/28/2009  YFH REG  08/15/2006  08/14/2009  10/01/2006  09/28/2009
              YFH REG  08/15/2006  08/14/2009  10/01/2006  09/28/2009
              YFH TRM  09/03/2002  09/01/2003  10/01/2006  09/28/2009

WHITE = INACTIVE

                                PATH: █

```

- This screen will display the placement license history for a specific client
  - If accessed from PLAD, will display history for the current placement
  - If accessed from any other screen, will display history for all placements
- This screen will default to display active license associations only
  - If ALL LICENSE ASSOCIATIONS is marked, inactive associations will display in white
- The placement effective dates will display along with the associated license type, the license issuance and expiration/termination dates and license association dates

## GARD – Guardianship Detail

```
CAFSGARD          GUARDIANSHIP DETAIL          07/18/2012    09:25
USER ID : C74142SW  MODIFY
CAPS ID : 00005042    00    NAME: JONES, INDIANA

PROVIDER/FACILITY : 0001010 001  DUQUESNE CALLEIGH & LEONARDO
ADDRESS : 4256 FLOWEREE DR
          HELENA                MT  59602 - 8840    PHONE: 406 431-7454

DATE PLACED WITH GUARDIAN:          07/01/2012
DATE PERMANENCY TEAM DETERMINED THAT GUARDIANSHIP IS THE MOST
APPROPRIATE PERMANENT PLACEMENT :    03/15/2012
DATE OF GUARDIANSHIP DECREE :        07/01/2012
DATE PETITION FOR GUARDIANSHIP FILED : 07/01/2012
COMMENTS:

EXIT DATE: 99/99/9999  EXIT REASON:

PATH: █
```

- The client must have a closed foster care placement on PLAD with a placement exit reason of 'POG' (Place with legal guardian/other than home removed from)
- The client must have a court order on CRTD with a disposition of 'GSP' (Guardianship-Youth)
- The provider where the client is placed must be licensed for any of the following license types: GKS (Guardianship Kinship); GNK (Guardianship Non-Kinship); TGK (Tribal Guardian Kinship); TGN (Tribal Guardianship Non-Kinship)
- There are two eligibility codes related to Guardianship – SGC (Guardianship Control Group Indicator) and SGE (Guardianship Experimental Group Indicator). Central Office staff will add these codes to the CELL (Client Eligibility List) screen for the client
- A new service code (PGUAR – Guardianship) will be entered on the client's SERP (Service Detail: Payable) screen. If there is no SGE eligibility on CELL, the service will be paid with the next highest funding source available

*ADOD - Adoption Detail*

```
CAFSADOD                ADOPTION DETAIL                01/29/2013    15:27
USER ID : C82639    INQUIRE
CAPS ID : 00002118    00    NAME: BOWMAN, DIGGER
PROVIDER NUMBER : 0005018    001    ADOPTIVE HOME #1
      ADDRESS : 1950 MARIPOSA LN
CITY/STATE/ZIP : BILLINGS                MT 59102 - 2346    PHONE:
FOREIGN ADDRESS :
COUNTRY :
CANADIAN PROVINCE:
PLACEMENT DATE : 05/10/2012    FINALIZATION DATE: 05/10/2012
PARENT1 - REL BEFORE ADOPT: NTR NOT RELATED    FOSTER PRT: Y SINGLE PRT: N
PARENT2 - REL BEFORE ADOPT: NTR NOT RELATED    FOSTER PRT: Y
LGL RISK AGREE: N DT:    RSN:
PLACE AGREE : N DT:    TITLE IV-E AGENCY INVOLVEMENT (Y/N): Y
SPECIAL NEEDS (Y/N): Y PRIMARY BASIS SPECIAL NEEDS: 1 RACIAL/ORIGINAL BACKGRO
PLACED BY: 1 PUBLIC AGENCY    PLACED FROM: 1 WITHIN STATE OR TRIBAL
COMMENTS:

EXIT DATE: 99/99/9999    EXIT REASON:

MEDICAID (Y/N): N    NON-RECURRING (Y/N): Y AMT:    2000.00
FIN. SUBSIDY (Y/N): Y DAILY AMT:    25.00 STATE MED (Y/N): Y AMT:    2600.00

                                PATH:
```

- This screen permits the user to view, modify and add information relating to an incidence of adoption services provided for a specific client
- Relationship before adoption cannot be “Foster Parent” codes of FFP, FFR, FMR or FCP. Prior foster parent relationship is identified through the use of the “foster parent” flag.
- If special needs flag is “Y”, corresponding special need information must be entered on the SPND (Special Needs Detail) screen
- All preceding placements must be closed before the PLACEMENT DATE
  - A placement is open if the END DATE is showing 99/99/9999
- FINALIZATION DATE comes from final adoption decree entered on CRTD (Court Detail) – AFD (Adoption/Final Decree) event and disposition

*SERP - Services Detail: Payable*

Enter info above the dashed line and press Enter.  
CAPS runs edits/stores that info and uses it to  
populate some field in the bottom half. Now  
CAPS allows entry of the REASON code.

```
CAFSSERP                SERVICES DETAIL: PAYABLE                12/22/2011    9:15
USER ID : CS4566        INQUIRE
CAPS ID : 00002153      00    NAME: DOE, ELIZABETH

                                LAST UPDATE DATE: 12/08/2011
SERVICE CD: PFRS1  FOSTER FAMILY CARE - ROOM OPEN: 11/02/2010 CLOSE: 03/22/2011
PROVIDERS: SERVICE-RENDERING: 0005019 001 CLEAVER WARD AND JUNE
          PAYMENT-RECEIVING:          000
FINANCIAL COUNTY OF RESPONSIBILITY: 025 LEWIS & CLARK
-----
RATE:      16.54        UNIT:      0    UNIT TYPE: DAY        TOTAL:
REASON: PT  OUT OF HOME PLACEMEN CONTRACT:
REMITTANCE ADVICE LINE:

WORKER      :              C7TR08  EIGHT          DATE: 12/08/2011  COMMENTS:
SUPERVISOR:   A  BY: C84142  HOLLING          DATE: 12/08/2011  COMMENTS:
ADMINISTRATOR: A  BY: C86100  KOENIG          DATE: 12/08/2011  COMMENTS:
CENTRAL OFFICE: A  BY: C72334  ISOLA          DATE: 12/08/2011  COMMENTS:

                                PATH: 
```

- This screen allows input of a payable service provided to a specific client and to authorize payment for that service
- If you adjust an amount in the RATE field, an “O” (override) will appear after that amount
  - An additional level of approval will be required if the modified rate is higher
- A service cannot be modified once the approval process is completed, unless the service is denied
  - Once the service is approved, the only modifiable field is the CLOSE DATE
- If a worker enters a financial county that is different from theirs, the supervisor and regional administrator of the appropriate county will have to approve the service
  - The system will alert the appropriate approval county
- If the financially responsible person changes address to a new financial county, you will need to close the existing service and open a new one
  - The new financial county needs to approve this service
- LAST UPDATE DATE field is the date the screen was last updated



- Entering the correct last day of the service is VERY IMPORTANT. Do not enter 12/14 when the client actually left the placement on 12/15. Policy states that we do not pay for the last day of service, so if the date is entered correctly, the system will automatically create the payment for the correct number of days. If a payment has already been generated, the payment can be modified on CBPD (Client-Based Payment Detail)
- When entering a qualifying payable service (for CHIMES interface) a gender of “M” (male) or “F” (female) must be entered on PERD before you will be able to update SERP.
- The remittance advice line is used by fiscal officers and Central Office staff to cross reference bill/invoice numbers for specific services.

*SSJD - Supplemental Service Justification*

```
CAFSSSJD          SUPPLEMENTAL SERVICE JUSTIFICATION          04/10/2008    15:28
USER ID : CS4566      INQUIRE                                PAGE NO: 001
CAPS ID : 00001300    00    NAME: KOCH, MELISSA

SERVICE: STRNS TRANSPORTATION                                TOTAL:
PROV NO: 0001001 001    NAME: MARY FOSTER HOME

OBJECTIVE: TO TRANSPORT MELISSA TO SCHOOL, COUNSELING SESSIONS AND FAMILY
            VISITS

EVALUATION CRITERIA: FACILITATE FAMILY REUNIFICATION EFFORTS


FUNDING OPTIONS    AVAIL    IF YES, EXPLAIN
TRUST ACCT         N
MEDICAID           N
THIRD PARTY INS    Y    NOT COVERED
SSI/SSB            N
IV-A               Y    SVC NOT ELIGIBLE FOR IVA FUNDING
OTHER              N

PATH:
```

- This screen documents the information needed to justify the use of the requested service and funding
- This screen must be completed when a service code that requires special justification is entered on SERP (Services Detail: Payable)
- In add mode, this screen can only be entered from SERP (Services Detail: Payable) screen
  - The CAPS ID cannot be changed

*SEIH – In Home Services*

```
CAFSSEIH                IN HOME SERVICES                09/30/2011    10:27
USER ID : CS4566        MODIFY
CAPS ID : 00001328      00    NAME: HARRIS, EMILIA

SERVICE CODE: SOCNR          OPEN CLIENT NO REMOVAL
PROVIDER      : 0001002 000    LEWIS AND CLARK CPS
OPEN DATE    : 09/01/2011
CLOSE DATE   : 09/10/2011

INTERVENTION AUTHORITY :    VS  VOLUNTARY SERVICE AGREEMENT
REASON FOR INTERVENTION(PRIMARY): PHA OTHERS: PHN EMD
REASON FOR CLOSURE:      IT  INTERVENTION TERMINATED

COMMENTS:
ANY COMMENTS REGARDING THE IN-HOME SERVICES BEING PROVIDED CAN BE ENTERED HERE

PATH: █
```

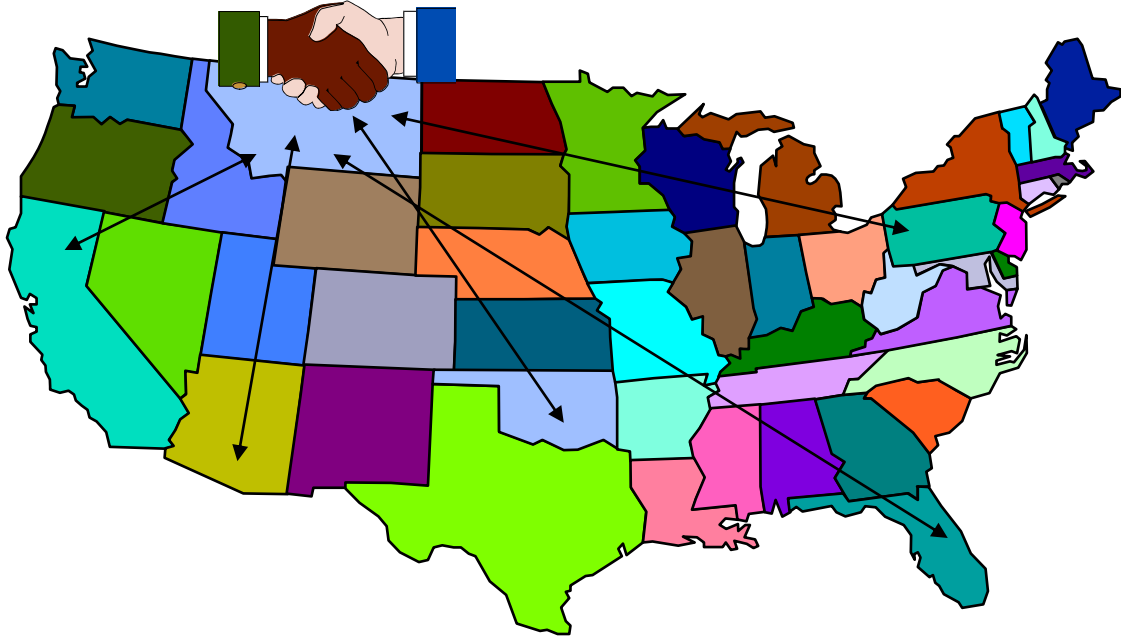
- This screen is used to display, modify and add information regarding in-home services provided to a client where no removal was necessary.
- When SEIH is accessed from SERL, SOCNR will default as the service code and cannot be changed.
- Any provider can be entered for a SOCNR service, but it will typically be the county CPS office.
- Multiple SOCNR services can be entered for a client, but the dates cannot overlap.
- A removal (SEMRM) service and a SOCNR service cannot be open at the same time.

*GRSL - Group Services List*

CAFSGRSL	GROUP SERVICES LIST		02/20/2008	10:58
USER ID : CS4566			PAGE NO: 001	
CAPS ID : 00002084		25	NAME: FURST, EVE	
SERV				
CODE	CLIENT NAME	FACILITY	OPEN DATE	CLOSE DATE
SCALL	EVE FURST	TEST	12/20/1997	12/22/1997
SEMRM	EVE FURST	TEST	12/20/1997	99/99/9999
SCALL	ADAM FURST	GUSTOVSON	11/21/1997	11/21/1997
SEMRM	ADAM FURST	GUSTOVSON	11/21/1997	99/99/9999
SCALL	CAIN WASHINGTON	ROSENBERG	12/27/1997	12/27/1997
STRNS	CAIN WASHINGTON	ROSENBERG	12/27/1997	99/99/9999
PFRS1	CAIN WASHINGTON	ROSENBERG	12/21/1997	99/99/9999
SEMRM	CAIN WASHINGTON	ROSENBERG	12/21/1997	99/99/9999
PATH: ■				

- This screen displays the history of all services provided for a group of related clients
- This screen is very similar to the SERL (Services List) screen
- A worker first identifies the client using the CAPS ID field
  - Press F10 and RELL is displayed and you can select the group of clients you would like to display services for

## INTERSTATE COMPACT



- You will enter Interstate Compact information into the system
- Interstate Compact forms can be generated by the Doc Gen system
- Alerts will be sent to supervisors and the Interstate Compact Administrator when a worker completes the Interstate Compact Detail screen
- On-line approval process with alerts when the verification letter is sent

*ICPL - Interstate Compact List*

```
CAFSICPL          INTERSTATE COMPACT LIST          01/26/2007  11:25
USER ID : CS4566                                     PAGE NO: 001
CAPS ID : 00002085   25   NAME: WASHINGTON, ABLE

TO SELECT, ENTER I=INQUIRE, M=MODIFY, D=DELETE

      REQUEST              RECV    MT  INIT  APRV
SEL   DATE              STATE  CNTY  RPT   CD
_    01/26/2007   HARRISON THOMAS    CO        RHS   A

                                                                PATH: █
```

- This screen displays, in reverse chronological order, a history of interstate compact applications for a client
  - This request could be to place out of state children in Montana or to place Montana children out of state
- Workers can modify an application until the application is APPROVED or DENIED on the ICAD (Interstate Compact Action Detail) screen
- Only workers with the ICM (ICPC Monitoring) supertask on the SPTK (Supervisory Task List) screen will be allowed to delete an application

*ICPD - Interstate Compact Detail*

```
CAFSICPD          INTERSTATE COMPACT DETAIL          01/26/2007  11:26
USER ID : CS4566  MODIFY
CAPS ID : 00002085  25  NAME: WASHINGTON, ABLE
PLCMT INITIATOR: PUB PUBLIC AGENCY
SENDING STATE : MT MONTANA          COUNTY IF MT: 25  OR CA:
RECEIVING STATE: CO COLORADO        COUNTY IF MT: 00  OR CA:
PLANNING: CAPS ID: 00002087  OR PROV: 000
FINANCIAL RSP: CAPS ID: 00002087  OR PROV: 000
PLCMT PROV: 0005012 000 OR PERSON:  NAME: HARRISON THOMAS
ADDRESS: 6010 MILE HIGH AVE
CITY, ST ZIP: DENVER                CO 85651 -  PHONE:
TYPE OF CARE: REL          IF REL OR OTHER: MATERNAL UNCLE
IV-E (Y/N): N             IF ADOPTION, SS/RS:
FINANCIAL PLAN: FCP              IF FCP, DAILY AMT: $ 18.05
MEDICAL PLAN : NRR              ICPC LEGAL STATUS : SAC
SERVICES REQUESTED:
  INITIAL REPORT : RHS          SUPERVISORY SERVICES: RSA
  SUPERVISORY REPORTS: U        IF OTHER: MONTHLY
RS SUPRV AGENCY: COLORADO DEPARTMENT OF CHILDREN'S SERVICES
ENCLOSED: CO OT SH            OTHER: EDUCATION AND MEDICAL RECORDS
SENDING AGENCY: LEWIS & CLARK COUNTY CHILD AND FAMILY SERVICES
DATE OF REQUEST: 01/26/2007
PATH:
```

- This screen is used to capture the details for Interstate Compact Application Requests
- Normally, you will use the PLANNING: OR PROV: field to indicate your county or tribe's CPS office provider number, if the child is in that entity's custody.
- The F10 function key will allow workers to copy Interstate Compact requests from one family member to another
- An event is created when an Interstate Compact is updated for a specific client

### ICAD - Interstate Compact Action Detail

CAFSICAD	INTERSTATE COMPACT ACTION DETAIL	12/18/2007	10:43
USER ID : C84142	MODIFY		
CAPS ID : 00002085	00	NAME: WASHINGTON, ABLE	
REQUEST RECV DT: 11/01/2007	SENT DT: 11/10/2007	RESPONSE RECV DT: 12/18/2007	
APPROVAL/DENIAL: A	DATE: 12/18/2007		
APPROVAL NAME : KANDICE MORSE			
REMARKS:			
PLACEMENT REQUEST WITHDRAWN:	DATE:		
PLACEMENT DATE:	PROGRESS RPT RCVD DT:		
COMPACT TERMINATION REASON:	DATE:		
IF LC, NAME:	REL:		
IF AF, SS OR RS:			
OTHER:			
PERSON SUPPLYING INFO: C84142	PAULA HOLLING		
COMMENTS:			
		PATH:	

- This screen is used to capture the Interstate Compact application request received date, request sent date and the request response received date
- This screen is also used to capture approval or denial of the Interstate Compact request and placement information including withdrawn or terminated details
- The PERSON SUPPLYING INFO field will default to the name of the worker who entered the information on the ICPD (Interstate Compact Detail) screen
- Workers will receive alerts to remind them that a semi-annual progress report is due



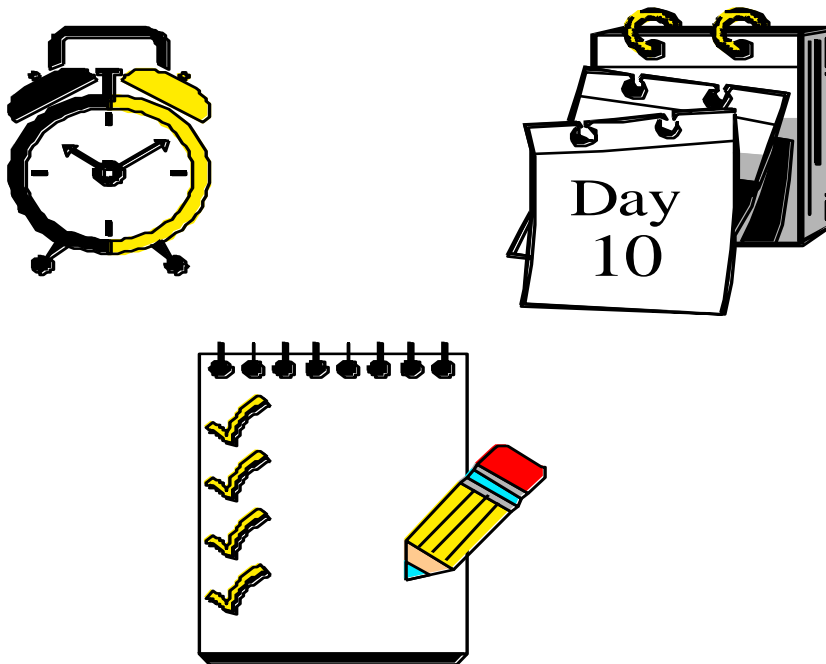
# **MAINTENANCE**

**Case Management Screens**

**Client History Screens**

**Attaching & Retrieving Notes**

**Document Generation Process**



MA-02

- Caseload List is accessible from any screen in CAPS by pressing the F4 key
  - Only the worker and their supervisor will be able to view the CSLL (Caseload List)
- Selecting a client will take the worker to the CLID (Client Detail) screen
  - The selected client's information will be carried from screen to screen until another CAPS ID is entered in the header
- Selecting a report will take the worker to the RRD1 (Report/Request Intake Detail 1) screen
- Alerts will be a handy tool for managing the needs of a case
  - Check your ALER screen frequently

## ALER - Alerts

```

CAFSALER                ALERTS                05/28/2008    15:32
USER ID : C74142SW                PAGE NO: 19    MORE

SEL - TO SELECT, ENTER S=SELECT, M=MODIFY, D=DELETE (USER ONLY) OR A=ADD ---
CODE:          ID#:          TYPE:          DELETABLE:
DUE DATE:          ACTIVE DATE:          SCREEN:          ALERT TEXT:

-----
DSPLY ALRT TYP(C,P,R,W):          ID#:          VIEW ALRTS FOR USER: C74142SW
TO SELECT, ENTER S=SELECT, D=DELETE (USER ONLY) OR I=INQUIRE

SEL  CODE    DATE    TYP  ID #    NAME
-   WO1007  01/15/08  C  00001347  SECURITY, JANE
      WORKER C82123  HAS ACCESSED SECURED CLIENT      1347
-   S02005  01/03/08  C  00001440  WILSON, MARLENE
      FCRC DUE 01/03/2008
-   S05001  01/03/08  C  00001433  HENNINGSON, BRYSON
      CHILD SUPPORT REFERRAL MUST BE DONE BY 04/02/2008
-   C01011  01/02/08  C  00001002  HOLLING, KYLE F
      IV-E FINDINGS ARE DUE FOR CAPS ID 00001002 ON 03/02/2008.
-   S02015  01/01/08  C  00001306  IVE, NAOMI
      ANNUAL HOME VISIT DUE NO LATER THAN 01/01/2008

                                           PATH: █
  
```

- The alert screen displays messages that have been created by the system or by the worker, pertaining to the workers cases
  - To view the entire alert, select it with an “I” to display at the top half of the screen
- Alerts are triggered by events, due dates and errors. Examples of alerts are:
  - Notify the worker of an upcoming review date
  - Notify the worker when a client’s service eligibility changes
  - Notify the worker that certain eligibility information needs to be completed
  - Notify the worker of an upcoming court date
  - Notify the worker that payment approval over 5 days old
- Each alert will be displayed at a pre-set number of days prior to the due date as defined in the Code Table
- An alert will remain until a required action is taken, then CAPS or the worker will delete it by typing a “D” on the select line
  - If the alert is not a deletable alert, the worker must select it with an “S”
  - The worker will be taken to the appropriate screen to take action on that alert
- To create an alert, enter an “A” in the select field, at the top of the screen, and all of the information needed pertaining to the type of alert that you are trying to create

- To DELETE an alert, enter a “D” at the appropriate line and press ENTER
  - You may delete alerts that you have created yourself and certain system generated alerts which have been defined as deletable
- To limit the alerts that are viewed, a worker may indicate the alert type (C, P, R, W) or type in the ID of the Client, Provider/Payment, Report or any Worker generated alerts

*ACTL – Activity List*

```
CAFSACTL          ACTIVITY LIST          07/06/2006   14:43
USER ID : CS4566                                     PAGE:   1
CAPS ID : 00001300   25   NAME: HARRIS, MELISSA

TO SELECT, ENTER  I=INQUIRE OR M=MODIFY OR D=DELETE

START FROM:          END FROM:          ACTIVITY TYPE:

SEL   DATE          ACTIVITY TYPES          GOAL CODES          ENTERED BY
-    07/02/2006      VPC VWC VWF VWM          PER WEL            CS4566
-    07/01/2006      COR                                PER                CS4566

PATH: █
```

- This screen displays the activities for a specific case or client
  - An activity is a significant contact or communication with a client or about the client that can impact the direction of the case
  - EXAMPLE: parental visits, child interview, worker home visits, phone calls
- Worker may select a specific activity to INQUIRE, MODIFY, or initiate the procedure to ADD a new activity by pressing F11
- The START FROM and END FROM fields can be used to view all activities that took place during a specific time period
- Enter an ACTIVITY TYPE(s) to view specific types of activities
- Activity details become protected seven (7) days after they are entered on the Activity Detail (ACTD) screen. If information needs to be modified or removed after seven (7) days, a supervisor must be notified.

## ACTD – Activity Detail

```
CAFSACTD          ACTIVITY DETAIL          03/04/2013    15:23
USER ID : C84852   ADD                      ACTIVITY: 1
CAPS ID : 00002083   25   NAME: ROBINSON, HOPE
REPORT # - CLIENT REFERRED FOR DD ASSESSMENT: 1007
DATE OF ACTIVITY: 03012012   ACTIVITY TYPE: dda
ENTERED BY      : C84852   PURPOSE(S) : asm
                                GOAL(S) : saf

SUMMARY: CFSD needs the ability to document when a child under the age of 3
is referred to an IDEA (Developmental Disability Part C) part C provider for a
developmental disabilities assessment. The assessment is to be done within 5
days of the completion of an FFA (Family Functioning Assessment) in the case
where the child is determined to be unsafe and an in home or out of home plan
was put in place or is the subject of child abuse/neglect substantiation.
-Report # - Client Referred for DD Assessment:- field added to ACTD & ACT2.
New Activity type code of DDA (Developmental Disability Assessment). Restrict
Purposes to RFL (Referral) or ASM (Assessment). Restrict Goals to WEL or
SAF. When the activity code of DDA is used the report number field will be
required. Only allow one Activity of DDA per report. No other Activity Type
Codes will be allowed to be entered when the activity type is DDA.

SHIFT+F2=ACT2                                          PATH:
```

- This screen is used to record and display the date of activity and the type, purpose and goal of the activity
- The Entered By field will default to the C# of the worker that is entering the activity and cannot be changed
- Up to five (5) activity codes, four (4) purpose codes and three (3) goal codes can be entered on an individual detail
- Use the summary area to summarize the activity details. If documentation concerning the activity is located elsewhere, note that in the summary
- Press F10 to display the RELL screen and copy activity details to other clients
- Press Shift + F2 to access the Activity Detail 2 (ACT2) screen where additional/continued comments may be entered

## ACT2 – Activity Detail 2

```
CAFSACT2          ACTIVITY DETAIL 2          03/04/2013    15:30
USER ID : C84852   MODIFY                     PAGE NO:    1
CAPS ID : 00002083   25   NAME: ROBINSON, HOPE
REPORT # - CLIENT REFERRED FOR DD ASSESSMENT: 0001007
DATE OF ACTIVITY: 03/01/2012   ACTIVITY TYPE: DDA
ENTERED BY      : C84852   PURPOSE(S)   : ASM
                                   GOAL(S)     : SAF

SUMMARY: The CPS must refer a child who is under age 3 to the local
Developmental Disability Part C Program for screening for developmental
disabilities within 5 working days of completion of a FFA if the child was:
A. Determined to be unsafe and an in-home or out-of-home safety plan was put
into place OR B. The subject of a CA/N substantiation. Children ages 3 and
older must receive a developmental assessment through one of the following
methods. Head Start assessment, preferred for ages 3 to 5. Neuro-
psychological evaluation. Educational evaluation. Assessment by the Develop-
mental Disability contractor for the region. Request a copy of the assessment
of the child for the case file.

F2=ACTD

PATH: |
```

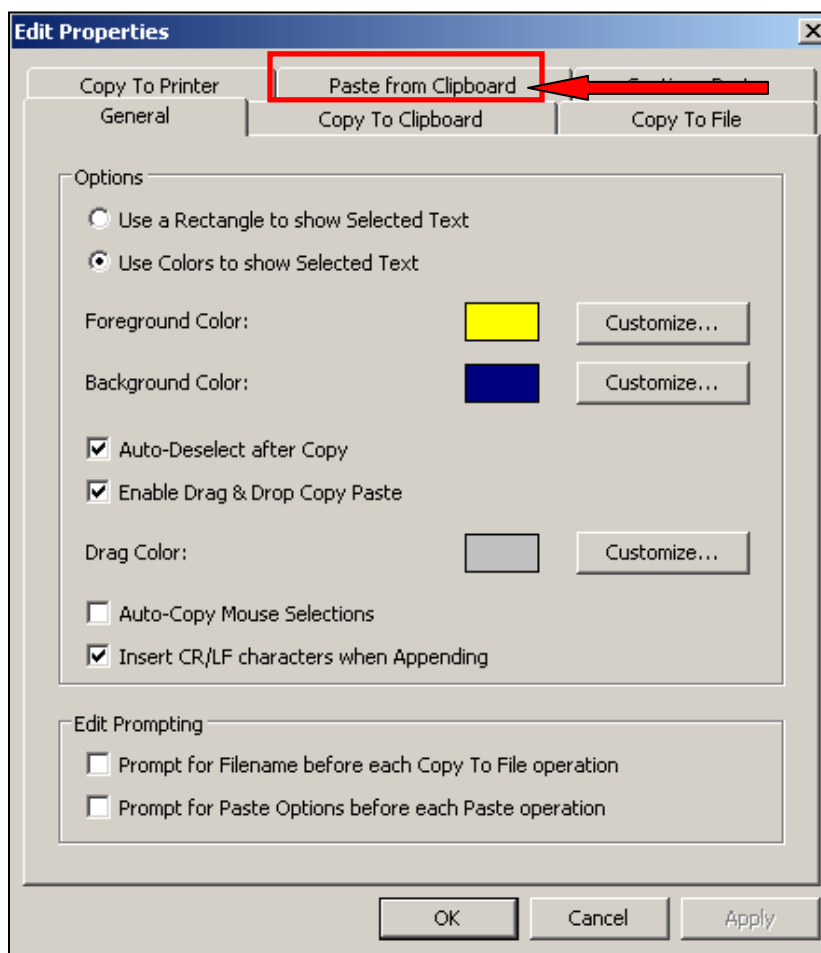
- This screen is used to continue comments that were initiated on the Activity Detail (ACTD) screen
- Date of Activity, Activity Type, Purpose(s) and Goal(s) can only be changed on the Activity Detail (ACTD) screen
- Multiple pages of ACT2 can be entered by pressing F11 to add

### *Copying and pasting from Word onto ACTD (Activity Detail)*

In CAPS, click on “Edit” and select “Properties.”

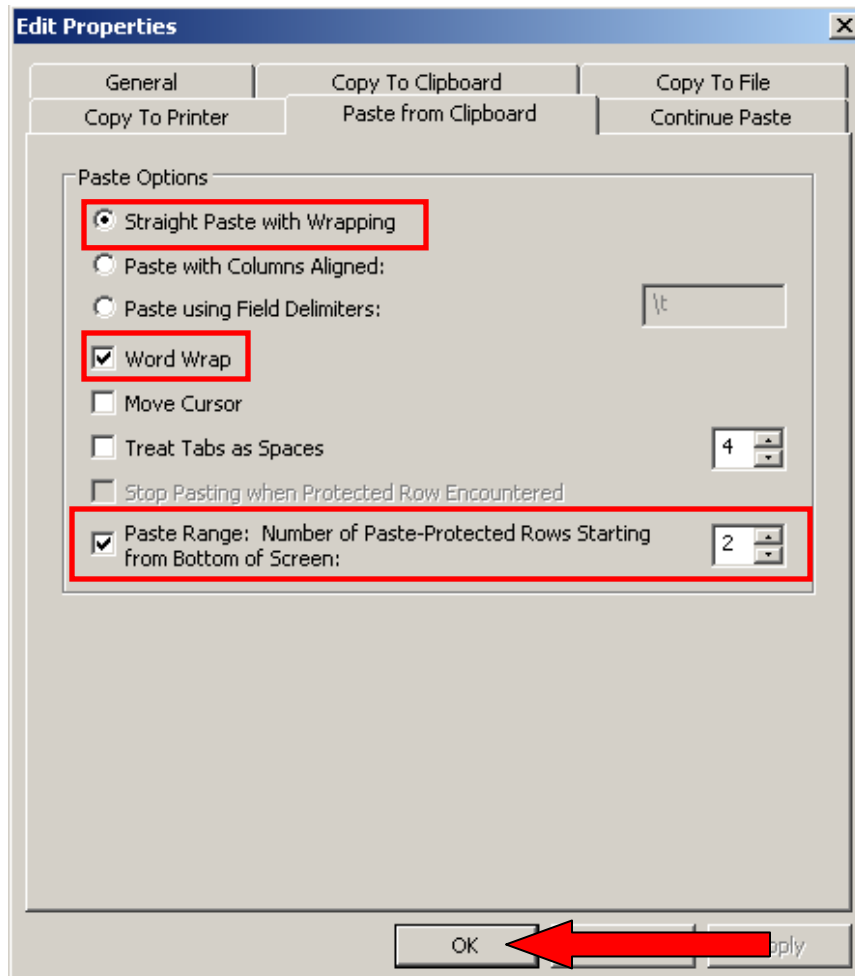


The following box should appear - click on the “Paste from Clipboard” tab.

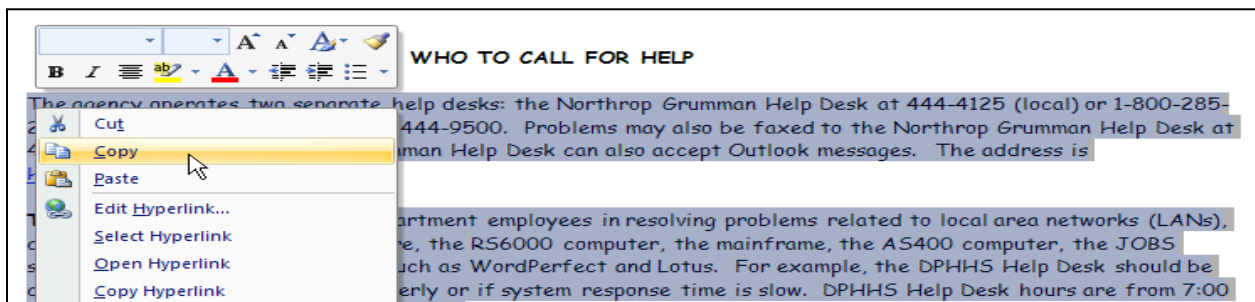




On the “Paste from Clipboard” tab – click the “Straight Paste with Wrapping” option, make sure the “Word Wrap” box and the “Paste Range” box are checked and that the number of paste-protected rows equals “2”. Then click “OK”.



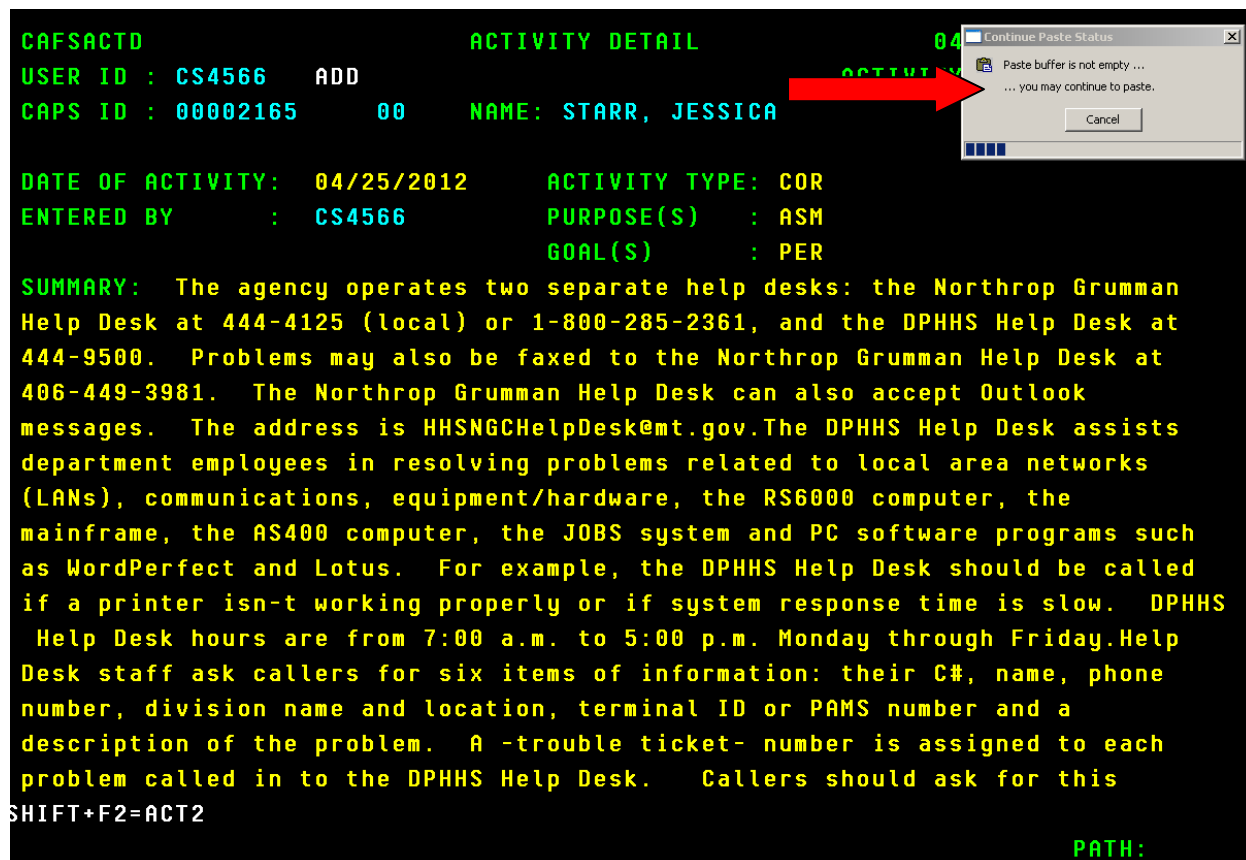
Now you can open Word and type the information you want to copy onto ACTD. Highlight the text (using mouse drag in Word) and select “copy” (right click in the highlighted text). You can highlight the entire amount of text that you want to copy onto ACTD/ACT2! In this case, my Word document was an entire page in length.



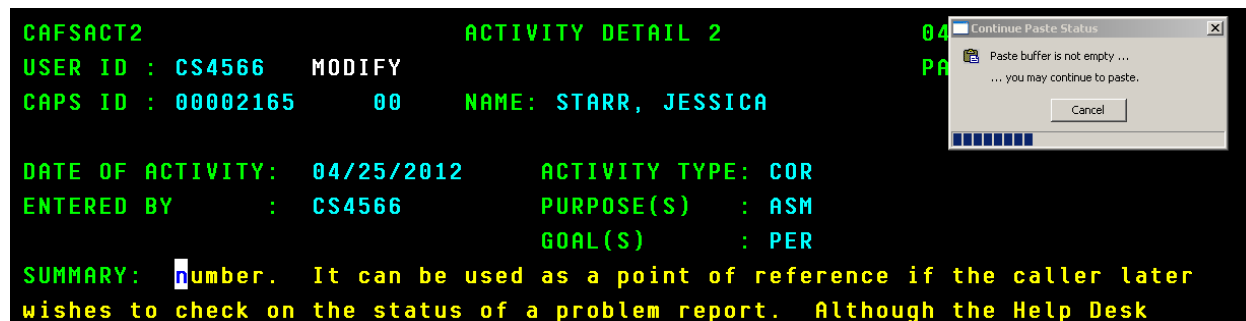
Pull up the ACTD screen for the appropriate client and place the cursor in the “SUMMARY” field.



To paste the text press CTRL-V.



Notice the “continue paste status” message in the upper right corner of the screen. It says “paste buffer is not empty...you may continue to paste.” This means there is more text you selected that does not fit on the screen. In order to continue the paste, press ENTER to update on ACTD first then press SHIFT + F2 to access ACT2. You can then press CTRL-V to continue with the paste.



Notice I still have the “paste buffer is not empty” message. That means there is STILL more text! Press ENTER to update on ACT2 first then press F11 to access a second page of ACT2. You can then press CTRL-V to continue with the paste. As long as you continue to receive the “paste buffer is not empty” message, you can continue to press F11 to add additional pages of ACT2 and paste your text.

```
CAFSACT2          ACTIVITY DETAIL 2          04/25/2012    12:04
USER ID : CS4566    MODIFY          PAGE NO:    3
CAPS ID : 00002165    00    NAME: STARR, JESSICA

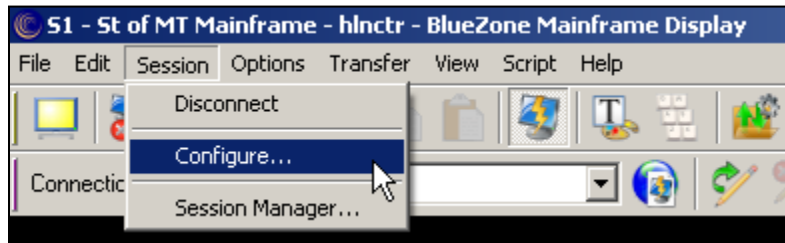
DATE OF ACTIVITY:  04/25/2012    ACTIVITY TYPE: COR
ENTERED BY       : CS4566        PURPOSE(S)   : ASM
                                   GOAL(S)        : PER
SUMMARY:  S should call the ITSD Operator (444-2000) if you are having problems
logging into the system and you suspect the system may be down. Any -problem-
with an actual document or document change request will also need to go
through the Northrop Grumman Help Desk.
```

When you have finished pasting all the text you selected, you will no longer see the “paste buffer is not empty” message.

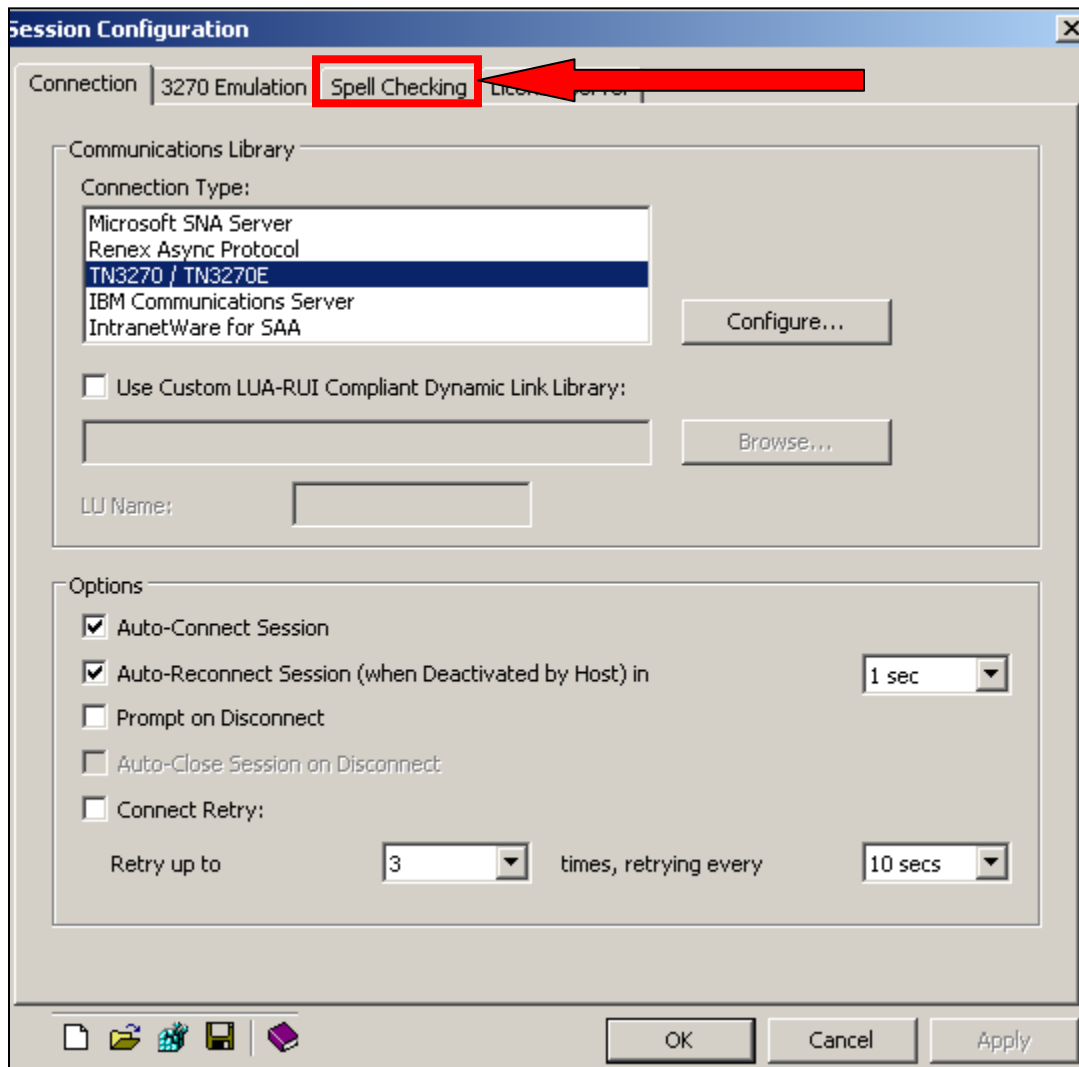
This same copy/paste functionality should work in other comment areas in CAPS (RRD3, Investigation Summary area of RRD1, Directions area on ADDED, etc.)

### *Spell Check in CAPS*

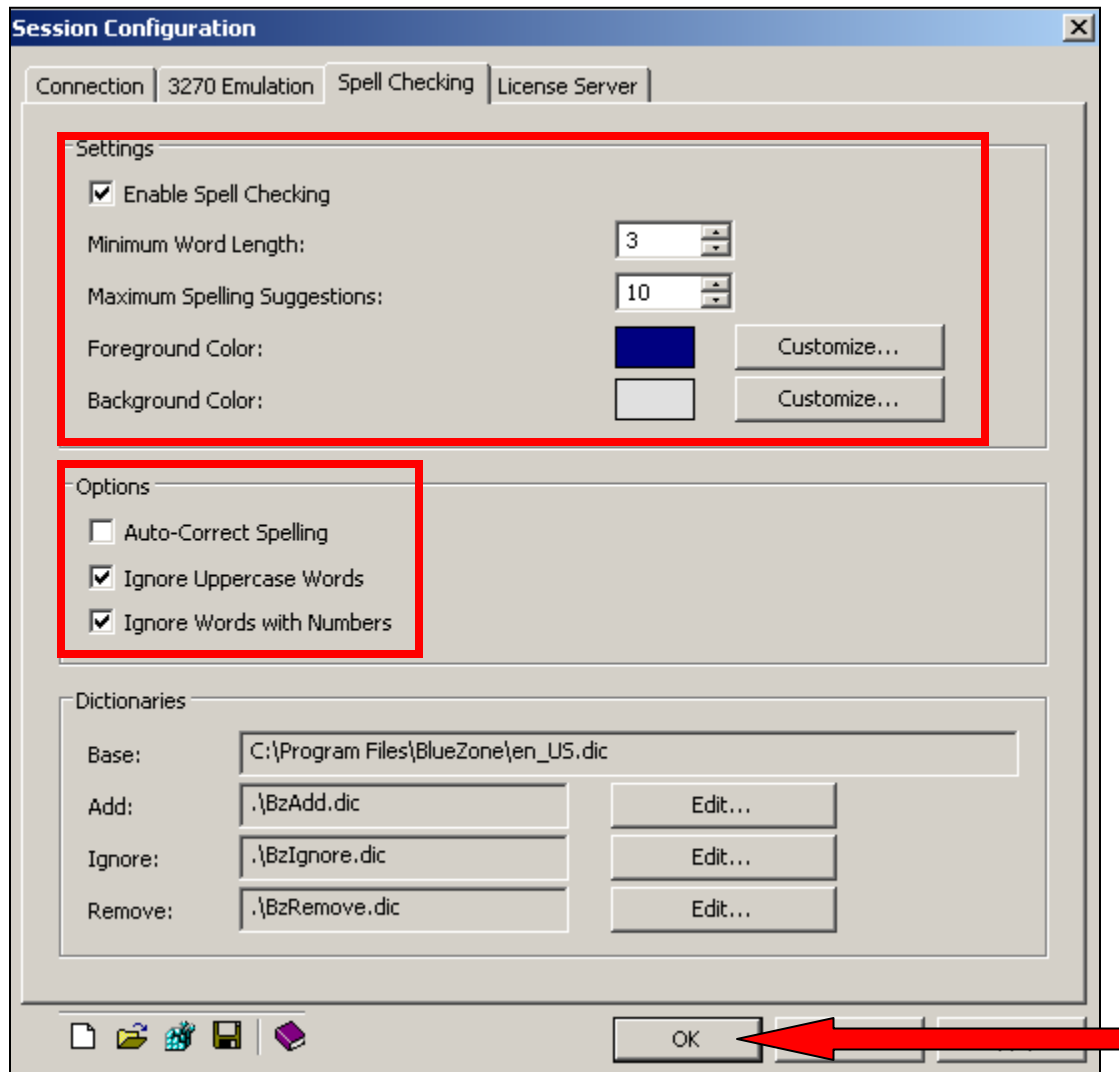
In CAPS, select SESSION and CONFIGURE.



On the Session Configuration box, select the "Spell Checking" tab.



On the Spell Checking tab, check the "Enable Spell Checking" box. I would suggest setting the "Minimum Word Length" to 3 or 4 and the "Maximum Spelling Suggestions" anywhere between 5 and 10. You can set the "Foreground/Background Colors" to whatever you would like (these are the colors that will display when the misspelled word is highlighted on your CAPS screen.) DO NOT check "Auto-Correct Spelling" but check "Ignore Uppercase Words" and "Ignore Words with Numbers." Click OK.



Now, when you type a word the BlueZone dictionary does not recognize, it will highlight the word.

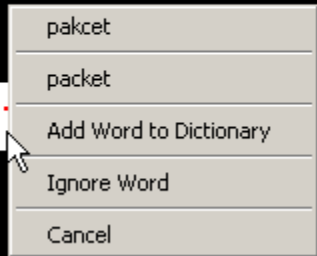
```
CAFSACTD                                ACTIVITY DETAIL                                08/30/2011
USER ID : CS4566      MODIFY                                ACTIVITY:
CAPS ID : 00002096    00      NAME: ANDREASEN, JESSICA

DATE OF ACTIVITY: 08/30/2011      ACTIVITY TYPE: COR
ENTERED BY      : CS4566      PURPOSE(S) : CPL
                                GOAL(S)      : PER

SUMMARY:  mailed a pakcet ion
```

You can right click on the word and BlueZone will list the misspelled word at the top of the list, following by alternatives that you can select. You can also select Add Word to Dictionary (good idea for common acronyms) or select Ignore Word.

```
ATE OF ACTIVITY: 08/30/2011      ACT
ENTERED BY      : CS4566      PUR
SUMMARY:  mailed a pakcet ion
```



### AKAD - Person Name AKA Detail

```
CAFSKAD          PERSON NAME AKA DETAIL          07/06/2006   14:45
USER ID : CS4566   MODIFY                          PAGE NO :    1
CAPS ID : 00001302  25   NAME : HARRIS, MONIQUE
                ----- LAST -----  -- FIRST ---  -- MIDDLE --  SUFX
DECLARED PERSON NAME : HARRIS                      MONIQUE
MAIDEN NAME          : KOCH
LEGAL NAME           :

    OPTIONS - _  CHANGE DECLARED PERSON NAME(DPN) & MOVE OLD DPN TO AKA
                _  CHANGE SPELLING OF LEGAL NAME
                _  CHANGE LEGAL NAME & MOVE OLD LEGAL NAME TO AKA

TO SELECT, ENTER A=ADD, D=DELETE, M=MODIFY
SEL ----- LAST -----  -- FIRST ---  -- MIDDLE --  SUFX  MIND  COMMENTS
_  WERNER                      MONIQUE                      Y
_
_
_

                                PATH: █
```

- This screen is used to ADD and MODIFY person name information
- Each person has a DECLARED PERSON NAME - the first one entered on CAPS
- Select which action you wish to perform from the OPTIONS list
- Additional AKA names can be added to the bottom of the screen
- Only the designated regional “AKA” supertask workers have the authority to DELETE or MODIFY an AKA name at the bottom of the screen
- Any name that is displayed on AKAD can be located through the PERS (Person Search) process
- CCUBS NAME will only be displayed for names that were selected by a CAPS licensing worker through the resolution process. They are additional names known to the CCUBS (Child Care Under the Big Sky) system.

*EVEL - Event List*

```
CAFSEVEL                      EVENT LIST                      07/06/2006   14:47
USER ID : CS4566                                     PAGE:    1
CAPS ID : 00002084    00    NAME: FURST, EVE

START FROM:                      EVENT CODE:

    DATE      EVENT CODE  SUB CODE  SCREEN NAME      DESCRIPTION:
07/06/2006    PLC        RML      PLAD
PLCMT STARTED 05/01/2006 WHERE DRUG USE IN REMOVAL HOME IS Y
07/06/2006    PLC        ENT      PLAD
PLACEMENT BEGAN ON 05/01/2006 AT 0006082001 JUAREZ
07/06/2006    PLC        EXT      PLAD
PLACEMENT ENDED ON 05/01/2006 AT 0007109001 MAHONEY
07/06/2006    PLC        RML      PLAD
PLCMT STARTED 12/20/1997 WHERE DRUG USE IN REMOVAL HOME IS Y
07/05/2006    ICW        JUR      ICWD
TRIBAL JURISDICTION CHANGED TO DENIED ON 07/05/2006
12/10/2004    SRV        CNT      ACTD
ON 12/10/2004 THE FOLLOWING ACTIVITY OCCURRED PCS VPC
03/10/1999    WRK        TRN      AXED
TRANSFERRED TO C86100 ON 03/10/1999

                                PATH: █
```

- Display a list of events for a specific client
  - Events are initiated by various functions that occur in CAPS
- You may view all events or sort by event types, a starting date or both
  - For a specific time period, enter the START FROM date
  - For specific types of applications, enter up to 5 type codes in the EVENT CODE field
  - Enter both a start date and type(s) for a more specific list
- The screen is for inquiry only



*SEAL - See All Client Screens*

```
CAFSSEAL          SEE ALL CLIENT SCREENS          07/06/2006   14:47
USER ID : CS4566                                     PAGE NO: 001
CAPS ID : 00002084   00   NAME: FURST, EVE

TO SELECT, ENTER S=SELECT

  SCREEN                               SCREEN
S  NAME                               S  NAME
-  ACTL  ACTIVITY LIST                  -  MEDS  MEDICAL SUMMARY
-  ADDL  ADDRESS LIST                  -  MMHD  MEDICAL/MENTAL HEALT
-  AKAD  PERSON NAME AKA DETA          -  PERD  PERSON DETAIL
-  CELL  CLIENT ELIGIBILITY L          -  PROB  PROBLEM DETAIL
-  CLID  CLIENT DETAIL                 -  REL  RELATIONSHIP LIST
-  CLPH  CLIENT PAYMENT HISTO          -  SERL  SERVICE LIST
-  CPHL  CLIENT PLACEMENT HIS          -  SIID  SEARCHS INITIAL INQU
-  CRTL  COURT LIST                   -  SPND  SPECIAL NEEDS DETAIL
-  EDHL  EDUCATION HISTORY             -  TASK  TASK DETAIL
-  EVEL  EVENT LIST
-  IARL  INITIAL ASSESSMENT A
-  ICWD  ICWA DETAIL
-  JPRL  JUVENILE PROBATION R
-  MDTD  MEDICATION DETAIL

                                           PATH: █
```

- This screen enables a worker to quickly view all the screens that have been filled out and updated on behalf of a client.
- To access a particular screen, place an “S” on the select line - the system will then take you to that screen.

## USMD - User Maintenance Detail

```
CAFSUSMD          USER MAINTENANCE DETAIL          03/16/2010    10:28
USER ID : CS4566   MODIFY

      USER ID          : CS4566          START DATE: 01/01/1995
                                     TERMINATION DATE: 99/99/9999
      FIRST NAME       : MARY
      MIDDLE NAME      : CLARE
      LAST NAME        : REYNOLDS

      STAFF TYPE       : SMN  HELP DESK/CAPS STAFF
      SUPERTASKS       : N    DAY CARE ACCESS: N

      SUPERVISOR ID    : C84720  LAMKA, VERONICA
      SERVICE REGION   : 4  SOUTHWESTERN REGION
      RGN ACCESS       : N
      SERVICE COUNTIES : 025
      LOCATION         :

      TITLE            : NORTHROP GRUMMAN SYS TRAINER
      TELEPHONE        : (406) 443-8400  EXT:
      CONTACT COUNTY   : 025  LEWIS & CLARK
      EMAIL ADDRESS    : MARY.REYNOLDS@NGC.COM

SHIFT+F5=SATD

                                     PATH:
```

- This screen can be accessed in order to view identifying worker information if all you have is that worker's USER ID
- With the cursor in the USER ID field, type in the C# of the worker. The following information will be displayed
  - Worker's name and staff type
  - Supervisor and Approval Task Indicator ("Y" or "N")
  - Worker's supervisor and service region/counties
  - Worker's Title
  - Worker's phone number and contact county
  - Worker's email address
- This screen is also used to identify start and termination dates for worker's on the system
- If there is a "Y" in the SUPERVISOR AND APPROVAL TASKS field, press SHIFT+F5
  - SATD (Supervisor/Approval Tasks Detail) screen will be displayed
  - You can view what approval tasks or "supertasks" this worker has in the system

```

CAFSUSML                                USER MAINTENANCE LIST                                07/06/2006 14:48
USER ID : CS4566                                PAGE NO: 1

REGION :          COUNTY :

STAFF TYPE :          STARTING LAST NAME :

DISPLAY THE WORKER HISTORY FOR USER-ID :

TO SELECT, ENTER I=INQUIRE, M=MODIFY OR D=DELETE

SEL USERID  NAME                                STAFF TYPE          RGN COUNTY-----  PHONE
_ C7TR08    EIGHT, TRAINER                      CWA COUNTY OFFIC 4 025 LEWIS & CL
_ C7TR18    EIGHTEEN, TRAINER                    CWA COUNTY OFFIC 4 025 LEWIS & CL
_ C7TR11    ELEVEN, TRAINER                      CWA COUNTY OFFIC 4 025 LEWIS & CL
_ C7TR15    FIFTEEN, TRAINER                    CWA COUNTY OFFIC 4 025 LEWIS & CL
_ C7TR05    FIVE, TRAINER                      CWA COUNTY OFFIC 4 025 LEWIS & CL
_ C7TR04    FOUR, TRAINER                      CWA COUNTY OFFIC 4 025 LEWIS & CL
_ C7TR14    FOURTEEN, TRAINER                   CWA COUNTY OFFIC 4 025 LEWIS & CL
_ C84142    HOLLING, PAULA                      SPH CENTRALIZED 9 073 STATE OFFI 442-6550
_ C86100    KOENIG, KELLY                      CAA REGIONAL ADM 4 025 LEWIS & CL
_ C7TR09    NINE, TRAINER                      CWA COUNTY OFFIC 4 025 LEWIS & CL
_ C7TR19    NINETEEN, TRAINER                   CWA COUNTY OFFIC 4 025 LEWIS & CL
_ C7TR01    OFFICER, PROBATION                  CCO YOUTH COURT 8 074 1ST JUDICI
_ CS4566    REYNOLDS, MARY                      CAC COUNTY OFFIC 4 025 LEWIS & CL 443-8411
_ C7TR07    SEVEN, TRAINER                      CWA COUNTY OFFIC 4 025 LEWIS & CL

                                PATH:

```

- This screen can be accessed in order to view identifying worker information
- You can search for a worker by
  - Region
  - County
  - Staff type
  - Worker's last name
  - Worker's USER ID
- You have the ability to INQUIRE only on this information. Placing an "I" on the SELECT line next to the worker's USER ID will take you to USMD (User Maintenance Detail) and will display additional worker information

*MIPD – Minors in Possession Detail*

```
CAFSMIPD          MINORS IN POSSESSION DETAIL          07/06/2006  14:51
USER ID : CS4566   MODIFY                                PAGE NO: 1
CAPS ID : 00001300 25 NAME: HARRIS, MELISSA

LAST NAME: HARRIS          FIRST: MELISSA          MIDDLE:
-----ADDRESS-----
LINE 1 : 1311 BIG HORN RD          BIRTHDATE: 04/19/1991 AGE: 15
LINE 2 :                          SEX : F HEIGHT:      WEIGHT:
CITY   : HELENA                  HAIR:
STATE  : MT  ZIP CODE : 59602 - 7612 EYES:
COUNTY : 25 LEWIS & CLARK

-----
TO SELECT ENTER A=ADD, D=DELETE, M=MODIFY  TOTAL MIP CITATIONS ON RECORD: 1

  CITN   CITATION   TICKET   DATE   COURT YTH   SENT   AGE AT
SEL CNTY   DATE   ISSUED BY   OFN   CONVICTED   APPEARED   CD   CITN
  - 25    06/01/2006   CPOLICE   MIP1   07/06/2006   YC07401   GU1   15
  NOTES:
  -
  NOTES:
  -
  NOTES:

                                           PATH: █
```

- This screen displays all MIP citations where the youth was convicted.
- If an MIP detail is entered for an individual that is assigned to a worker as a client or as an open juvenile on a probation referral, the worker will receive an alert notifying them of the new information
  - CO2003 = MIP Citation Issued on “DATE” for CAPS ID “ID#”
- Information on this screen is entered by Chemical Dependency/Court Staff workers. The assigned worker will only be able to view the records on the list. No modify of the details will be allowed
- Once an MIP detail is updated on this screen, the system will create a “L” type (law enforcement) address type on the ADDL screen. These address types cannot be modified or deleted

## SPTK - Supervisory Task List

CAFSSPTK		SUPERVISORY TASK LIST			07/06/2006 14:51	
USER ID : CS4566					PAGE NO: 1	
		STARTING LOCATION: RG4			OR SUPERTASK CODE:	
LOC	SUPERTASK					STF
CODE	CD	DESCRIPTION	LVL	USER-ID	USER-NM	TYP
RG4	DNA	DELETE NOTES AUTHORIT	P	C84142	HOLLING, PAULA	SMN
RG4	PAP	PAYMENT APPROVAL	P	C74142RA	FISHER, FRED	CAA
RG4	PAP	PAYMENT APPROVAL	S	C73500	ALLICK, SUE	CFA
RG4	PPS	PERMANENCY PLAN SPECI	P	C74143F	SPECIALIST, FAMILY R	CRS
RG4	RCM	REGIONAL CONTRACT MON	P	C74143FS	SUPERVISOR, FRS	CRA
RG4	RCM	REGIONAL CONTRACT MON	S	C74152	ISOLA, ANDY	SMI
RG4	RRC	REPORT REVIEW COMMITT	S	C74142S	SUPERVISOR, COUNTY	CAC
RG4	RRC	REPORT REVIEW COMMITT	S	C73293	SORENSEN, JERRY	CAP
						PATH: █

- This screen displays all of the workers that have a particular “supertask” assigned to them
  - A supertask is a certain function in CAPS, and only those workers that hold that designated supertask have the ability to perform that task. For example, “payment release” or “report review committee”
- Workers can search for supertasks by entering a STARTING LOCATION
  - For example, if a worker wanted to identify the supertask workers in county 25, they can enter 025 in the location field and the system would list all of the supertask workers for county 25
- Workers can search for supertasks by entering a SUPERTASK CODE
  - For example, if a worker wanted to identify the primary AKA supertask for their region, they can enter ‘AKA’ in the code field and the system would list all of the AKA supertask workers
- The screen will list the location, supertask code and description, the level of approval (P=primary, S=secondary), the USER ID and NAME of the supertask worker, and the supertask worker’s staff type

## *CAPS Notes and DocGen System*

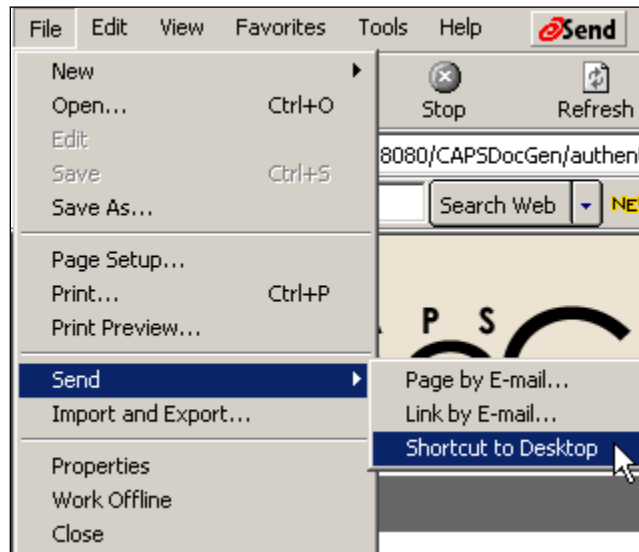
There are a couple of important items to note:

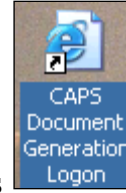
- **The URL for CAPS DocGen is <https://js.hhs.mt.gov:8445/CAPSDocGen/> This URL is case-sensitive, so you must enter it EXACTLY as shown.**
- In order to use CAPS DocGen, you must have Adobe Reader loaded on your machine. If you do not already have Adobe Reader, this download is free and can be accessed through the Adobe website ([www.adobe.com](http://www.adobe.com)). If you have questions or concerns about downloading this software, contact your supervisor or network staff person.
- You DO NOT have to currently be in the CAPS system in order to run documents or to save or retrieve notes. Documents and notes are no longer “screen” specific.
- PLEASE log out following the logout procedures provided in this document.
- Use the menu options on the left of the screen or the link options on the bottom of the screen. **Do not use the BACK or FORWARD buttons to navigate in CAPS DocGen.**
- Should you receive any errors while attempting to process a document, store or retrieve notes, please contact the CAPS Help Desk as soon as possible.

### **Creating a Desktop Shortcut**

The easiest way to access the CAPS DocGen system is to select the icon that will display directly on your desktop. This way, when you select that icon, the CAPS DocGen Logon page will open and you don't have to keep trying to remember the URL! If you do not already have a CAPS DocGen icon, you can create one following these steps:

- Access the CAPS DocGen Logon page, click on FILE, select SEND, and select SHORTCUT TO DESKTOP.





- That's all there is to it! The icon may look something like this . From now on, you can access the CAPS DocGen Logon screen by double-clicking this icon.
- If you are unable to create a shortcut following this format, or this option isn't available to you, please contact the DPHHS Help Desk at 444-9500. They will be able to help you create this shortcut.
- If you prefer, you may also add the CAPS DocGen Logon screen to your list of favorites by clicking FAVORITES, then selecting ADD TO FAVORITES.



## Logging On

Before you can access the system, you must logon first. To logon, enter your mainframe USER ID and PASSWORD (this is the same ID and password you use to log onto the CAPS system). Once you have entered your ID and password, click on the Submit button or simply press your Enter key.

A screenshot of the 'Please Logon' screen. The title 'Please Logon' is in a grey box at the top. Below it, the text 'Please log in to the system.' is in red. There are two input fields: 'User Id:' with the value 'cs4566' and 'Password:' with the value '\*\*\*\*\*'. A 'Submit' button is at the bottom right.

If you experience any problems logging in to the system, there is a “contact the CAPS Help Desk” link to the right of the logon fields. When you click this link, Outlook will automatically open an e-mail message to the CAPS Help Desk. Be sure to enter what the problem is and/or any error messages you are receiving before you send your message so the problem can be researched more effectively.

Once you log on, the system will display the WELCOME page. From there, you can select any of the options available in the CAPS DocGen system.

Once you log on, the system will display a time clock, letting you know how much longer you have before the system will time out.

A rectangular box with a black border containing the text 'Time Remaining: 89:56' in red.

## General Screen Information

On the left hand side of each screen you should see a menu that looks like this:

Home
Create DocGen
Save Notes
Retrieve Notes
Provider Labels
Logout

Each option will be described in more detail in separate sections, but here is a brief summary:

- HOME – selecting this button will return you back to the CAPS DocGen Home/Welcome page.
- CREATE DOCGEN – selecting this button will take you to the Document Generation page where you will select the document you wish to generate.
- SAVE NOTES – selecting this button will take you to the Save Notes page where you will identify the notes association and file location of the notes document you saved previously.
- RETRIEVE NOTES – selecting this button will take you to the Retrieve Notes page where you will identify the notes association and appropriate ID number.
- PROVIDER LABELS – selecting this button will take you to the Provider Labels Request page where you can generate mailing labels for licensed facilities (this function will primarily be used by provider licensing staff.)
- LOGOUT – selecting this button will initiate your logoff from the CAPS DocGen system. **NOTE: it is important that you click the logout button when you are ready to leave this system. DO NOT simply click the “X” or select FILE, CLOSE.**

On the bottom of each screen, you should see options that look like this:

<a href="#">DocGen Home</a>   <a href="#">Log Out</a>   <a href="#">Contact CAPS Help Desk</a>
<a href="#">About CAPS DocGen (PDF)</a>   <a href="#">CAPS Online</a>   <a href="#">CAPS Training Web Site</a>

Some of these options perform the same function as the buttons on the left side of the screen.

Others provide you with quick access to other websites. Here is a brief summary:

- DocGen Home – selecting this option will return you back to the CAPS DocGen Home/Welcome page.
- Log Out – selecting this option will initiate your logoff from the CAPS DocGen system. **Again, it is important to select either the logout button on the menu, or the logout link on the bottom of the screen when you are ready to leave this system.**
- Contact CAPS Help Desk – selecting this option will cause Outlook to automatically open an e-mail message to the CAPS Help Desk.
- About CAPS DocGen (PDF) – selecting this option will open a document that contains the information you are reading right now!



- CAPS Online – selecting this option will open a separate browser window where you can log into CAPS using online Attachmate. For further information on how to access CAPS online, contact the ITSD Help Desk at 444-2000 or [isdcustsup@state.mt.us](mailto:isdcustsup@state.mt.us).
- CAPS Training Web Site – selecting this option will open a separate browser window where you can access information like the CAPS training schedule, CAPS training manuals, and the CFSD policy manual.

## Home Button

Selecting the Home Button from the menu (or the DocGen Home link at the bottom of the screen) will return you back to the CAPS DocGen Home/Welcome page. **Do not use the BACK button.**

If you see **Welcome Mary Reynolds** (except with your name), you know you are on the Home/Welcome page.

## Create DocGen Button

This is the button you will select when you want to create documents (for example, the Letter to the Perpetrator, Provider License, Foster Care Review or Juvenile Offense Record.) When you select the Create DocGen button, you will be taken to a screen where you should see the following:

The screenshot shows a web interface titled "Document Generation". Below the title is a dropdown menu with the text "Select the Document you wish to generate...". Underneath the dropdown is a text input field with the label "Enter ID Number:". To the right of the input field is a "Submit" button.

You will no longer have access to every document available through this process. Document access is now associated to your staff type. What that means to you is, when you click the “Select the Document you wish to generate...” drop down list, you will only see those documents you have access to. For example, if you are a social worker, you will not see any of the juvenile probation documents on your list, and if you are a probation officer, you will not see any of the provider licensing documents on your list.

- If you believe you should have access to a specific document, and it is not on your list of available documents, please contact the CAPS Help Desk. Identify why you need access to this document and request that the document be added to your staff type.

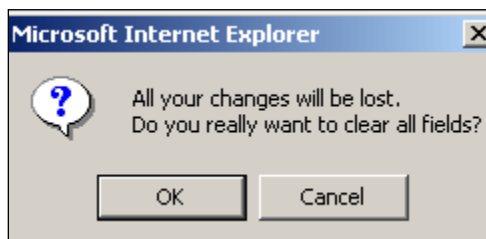
Based on the document that you select, the text associated to the ID Number field will change. Person, Client or Juvenile related documents will require a CAPS ID, Report related documents will require a R/R number, and Provider related documents will require a Provider number. Once you select the document you wish to generate, the system will begin the process. One of

the following will happen depending on the document you selected:

- Adobe will create the document for display in a separate browser window (depending on the version of Adobe Reader you have, you may be asked if you would like to “Open” or “Save” the document. Select “Open”.)
- The system will display a page of questions that must be answered before the document can be created.

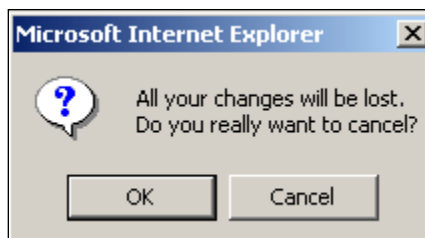
If the system displays a page of questions, there will be three options available at the bottom of the page.

- Click  when you are finished answering the questions and you wish to proceed with generating the document.
- Click  if you would like to clear all of your answers and start again. You will receive the following message:



If you click OK, the question page will be refreshed and you can begin answering the questions again.

- Click  if you would like to quit processing this document. You will receive the following message:



If you click OK, you will be returned to the Document Generation page.

The document will not continue processing until you have answered all of the required questions. If you missed any required questions/answers, you will be taken back to the top of the question page, and what is required will be listed in red like this:

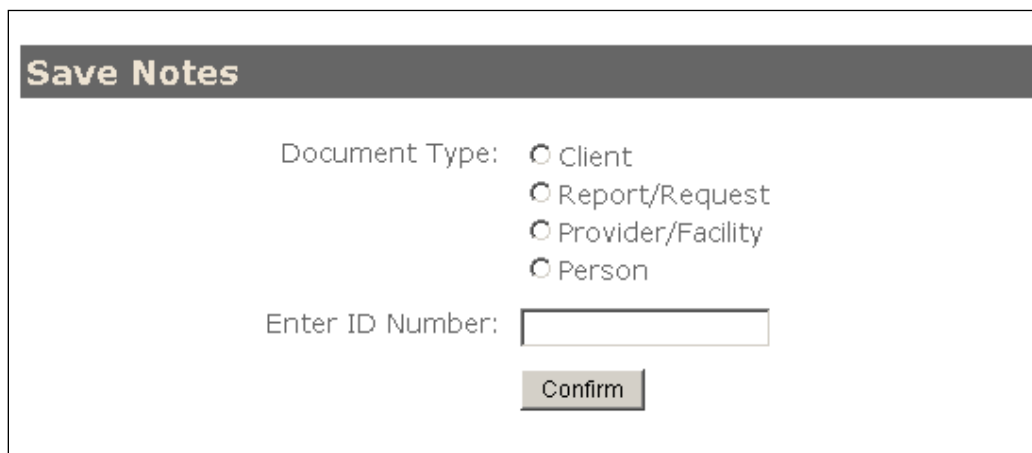
**Please enter the start date for travel.**  
**Please enter the return date.**

It is **important** that any information that you want the document to pull from the CAPS system be entered **in the CAPS system**. Because the finished document will be displayed in PDF format, you will not have ability to modify the document before printing.

If you select a document that calls for notes to be retrieved, the system will display the list of all associated notes. You must open and print each note file separately in addition to the document you are processing.

### Save Notes Button

This is the button you will select when you want to associate notes to a person, client, report/request, provider/facility or juvenile probation referral. When you select the Save Notes button, you will be taken to a screen where you should see the following:



Save Notes

Document Type: ☐ Client  
☐ Report/Request  
☐ Provider/Facility  
☐ Person

Enter ID Number:


Confirm

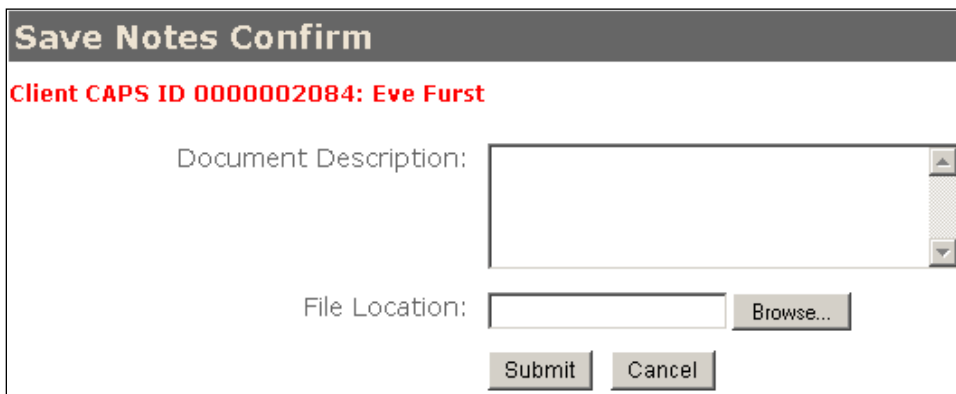
There are a couple of important things to remember regarding the Notes feature:

- Notes are no longer associated to a specific screen in the CAPS system.
- Notes no longer require the use of WordPerfect word processing software.
- You can save your notes initially wherever you would like (for example, on disk, in a shared directory or in your C: directory.)

You can type your notes using any word processing software. As a matter of fact, you don't have to use any word processing software at all. For example, if you have a spreadsheet in Excel, or a downloaded picture that you would like to attach as notes, you can!

- **IMPORTANT NOTE:** Regardless of the program that you use to save your notes, be sure to use the standard extensions that are assigned to these documents (for example, Word uses .doc, WordPerfect uses .wpd, Excel uses .xls). If you create "special" extensions (for example, .123 or .bob) the system does not know what program was used to create the document and will be unable to open it when it is selected for retrieval.

When you are ready to save your notes to CAPS, select the appropriate Document Type, enter the appropriate ID number, and then click . You should then be taken to a screen where you should see the following:



**Save Notes Confirm**

Client CAPS ID 0000002084: Eve Furst

Document Description:

File Location:

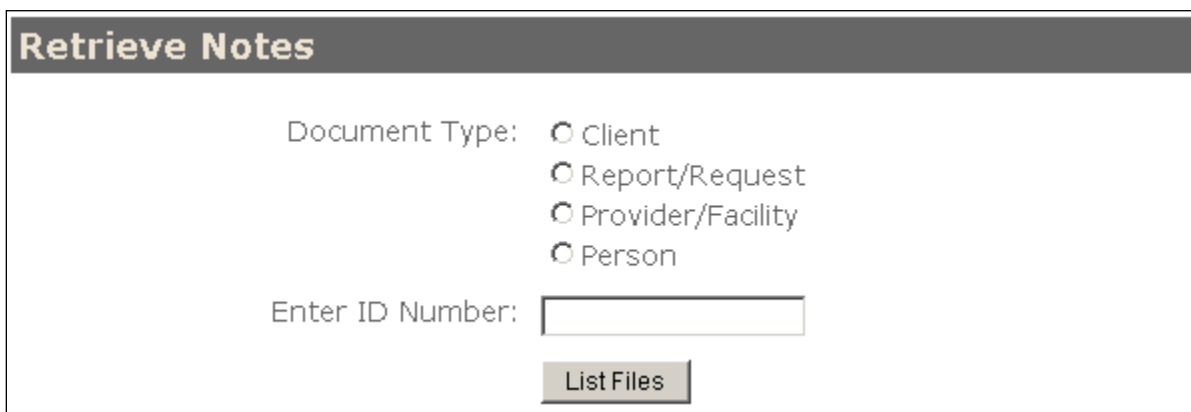
This is the Save Notes Confirm box. You will be able to view exactly who or what the notes will be associated with before you attach them. Make sure you are associating the notes to the correct person, client, provider, report or juvenile referral before submitting your file!

Enter a Document Description (you have space to enter up to 200 characters – this is to be considered a “title” for your notes), and then enter the File Location for your document (you can click on the  button to search for your document if you are unsure of the location.)

Click . If the notes were stored, you should see message “File successfully uploaded” displayed in red at the top of the screen.

### Retrieve Notes Button

This is the button you will select when you want to retrieve notes associated to a person, client, report/request, provider/facility or juvenile probation referral. When you select the Retrieve Notes button, you will be taken to a screen where you should see the following:




**Retrieve Notes**

Document Type: ☐ Client  
☐ Report/Request  
☐ Provider/Facility  
☐ Person

Enter ID Number:

To retrieve the notes associated with a person, client, report/request, provider/facility or juvenile probation referral, select the appropriate document type and then the appropriate ID number.

Click . The system will search for any notes associated to the document type and ID number that you have entered. If there are no notes, you will receive the following message: “there are no notes stored for the requested ID.” If there are notes, the system will display a list that will look similar to this:

Download Document(s)			
Type: Client , ID number: 00001005			
Click the filename to download:			
Date	Filename	Description	Worker
04/21/2004	<a href="#">autotab_example.txt</a>	This is a cursor test	Mcrae, Scott
04/08/2004	<a href="#">This a save test.doc</a>	save test	Holling, Paula
04/02/2004	<a href="#">Hardware Software Settings.doc</a>	d	Miller, Todd
03/30/2004	<a href="#">javaProxySetting.txt</a>	test	Scheetz, Gerry

This list will display the date the notes were saved, the filename, a description of the notes, and the name of the worker that saved the notes.

To open a document, simply click on the Filename and the document will open in the program that it was saved in. (The exception to this is documents saved in WordPerfect (.wpd extension) will be opened in Word.)

## Logout Button

This is the button you will select when you are finished using the CAPS DocGen system. **It is important that you click the logout button when you are ready to leave this system. DO NOT simply click the “X” or select FILE, CLOSE.**

When you select the Logout button, you will be taken back to the Logon screen where you should see the following:

Please Logon	
Successfully logged out of system! Please close all browsers to complete this process.	
User Id:	<input type="text"/>
Password:	<input type="password"/>
	<input type="button" value="Submit"/>

Once you receive this message, then you can click the “X” or select FILE, CLOSE. This will completely log you out of the CAPS DocGen system.

*CAPS DocGen (Document Generation) List*

The following document contains a list of documents that are available in the CAPS DocGen system. Some additional information provided includes:

**Reference Type:** the type of ID number that will be required to initiate the document.

**Questions Notes/Info:**

No questions or notes = No question page will display. No retrieve notes page will display.

No questions, w/notes = No question page will display. A retrieve notes page will display.

Open any notes to be included with the document and print them separately.

Questions, no notes = A question page will display and all required questions must be answered. No retrieve notes page will display.

Questions, w/notes = A question page will display and all required questions must be answered. A retrieve notes page will display. Open any notes to be included with the document and print them separately.

Doc #	Description	Reference Type	Questions/Notes Info
D100	Investigation Worksheet	Report Number	Questions, w/notes
D101	CPS Letter to Perpetrator	Report Number	Questions, no notes
D105	Notice of Hearing to Child's Tribe	CAPS ID	Questions, no notes
D108	Activity Report	CAPS ID	Questions, no notes
D200	Request for Verification of Tribal Status	CAPS ID	Questions, no notes
D210	Request for Clients School/Medical Records	CAPS ID	Questions, no notes
D252	ICWA Checklist	CAPS ID	No questions/notes
D301	Client Services List	CAPS ID	No questions/notes
D302	Client Placement List	CAPS ID	No questions/notes
D303	Permanency Staffing Worksheet	CAPS ID	Questions, no notes
D309	Continuation of FC Payments After Age 19	CAPS ID	Questions, no notes
D310	Continuation of FC Payments After Age 18	CAPS ID	Questions, no notes
D311	Continuation of Foster Care Agreement	CAPS ID	Questions, no notes
D312	Notice of FCR Committee Meeting	CAPS ID	Questions, no notes
D336	Social Security Notification Letter	CAPS ID	Questions, no notes
D337	Travel Auth for FC or Adoptive Parents	CAPS ID	Questions, no notes
D350	ICPC Application	CAPS ID	Questions, no notes

D351	ICPC Report - Child's Placement Date/Status	CAPS ID	Questions, no notes
D352	ICPC Financial/Medical Plan	CAPS ID	Questions, no notes
D353	Interstate Compact Transmittal	CAPS ID	Questions, no notes
D401	Child Support Assignment of Rights	CAPS ID	Questions, no notes
D405	Emergency Assistance Application	CAPS ID	Questions, no notes
D406	Emergency Assistance Notice of Decision	CAPS ID	Questions, no notes
D427	Federal Foster Care Review	CAPS ID	Questions, no notes
D600	W9 Form	Worker C#	No questions/notes
D604	Provider Event Report	Prov-Facil #	Questions, no notes
D605	Provider Contact List	Prov-Facil #	Questions, no notes
D606	Provider License	Prov-Facil #	Questions, no notes
D609	Provider Current Placement Report	Prov-Facil #	Questions, no notes
D700	Worker Caseload List	Worker C#	No questions/notes
D801	State Supplement 108	CAPS ID	Questions, no notes
D802	State Supplement 109	CAPS ID	Questions, no notes

## *CAPS Document Generation Error Information*

This document is intended to help workers understand the most common DocGen errors that may be encountered.

The DocGen system is distributed across three servers. A Web Server maintained by DPHHS, an Oracle Server maintained by DPHHS and a Mainframe Server maintained by ITSD. Each of these three servers has scheduled maintenance and downtime for the various software components and database(s) they run.

### **How to use DocGen**

For information on how to use DocGen, make sure you check out the CAPS Training Website. There is a link for “Documentation” in the left frame. This link takes you to a page that displays several training guides. Basic docgen information can be found in the “Maintenance” section of these training guides. The Training Website URL is: <https://dphhs.mt.gov/sevp/caps/index.htm>

### **Software Requirements**

The system is best viewed with Internet Explorer 6.0 and Acrobat Reader 6.0 or newer. We have found that Acrobat Reader 5.0, Internet Explorer 5.5 and other browsers also seem to work, but the pages will not look or function exactly the same. If you are not using Internet Explorer 6.0 or newer and Acrobat Reader 6.0 or newer, please contact your local network support person to have the proper software installed. The CAPS Help Desk does not support non-standard browsers and older software.

### **JavaScript**

JavaScript is a required component. DPHHS machines come with JavaScript enabled. If you choose to disable JavaScript, DocGen will not function properly. Contact the DPHHS Technology Services Center at 444-9500 or [dphhstech@mt.gov](mailto:dphhstech@mt.gov) to check or correct your JavaScript settings.

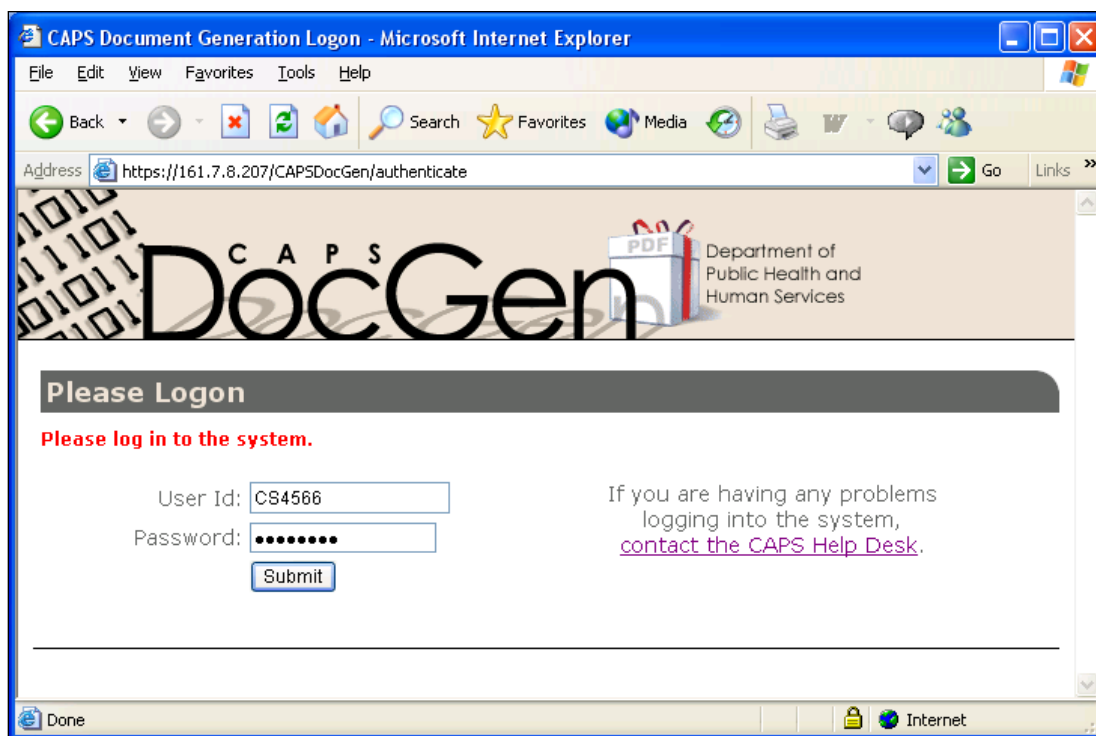
### **Errors and problems**

The CAPS Help Desk should always be notified of errors and problems that are encountered during regular business hours (M-F between 7:30 AM and 5:30 PM). Contact the Help Desk at 444-4125, 800-285-2361 or [HHSNGCHelpDesk@mt.gov](mailto:HHSNGCHelpDesk@mt.gov). The CAPS Help Desk will open a ticket, determine where the problem is and work with the appropriate group or agency to resolve the issue.



## Getting Started 1

The DocGen URL is: <https://js.hhs.mt.gov:8443/CAPSDocGen/authenticate>



If you can get to the Logon screen we know:

- 1) Your PC has connectivity with the DPHHS Web Server.
- 2) The DPHHS Web Server is up and running.
- 3) The DocGen application is up and running.

If you can not get to the above Logon screen, try the following:

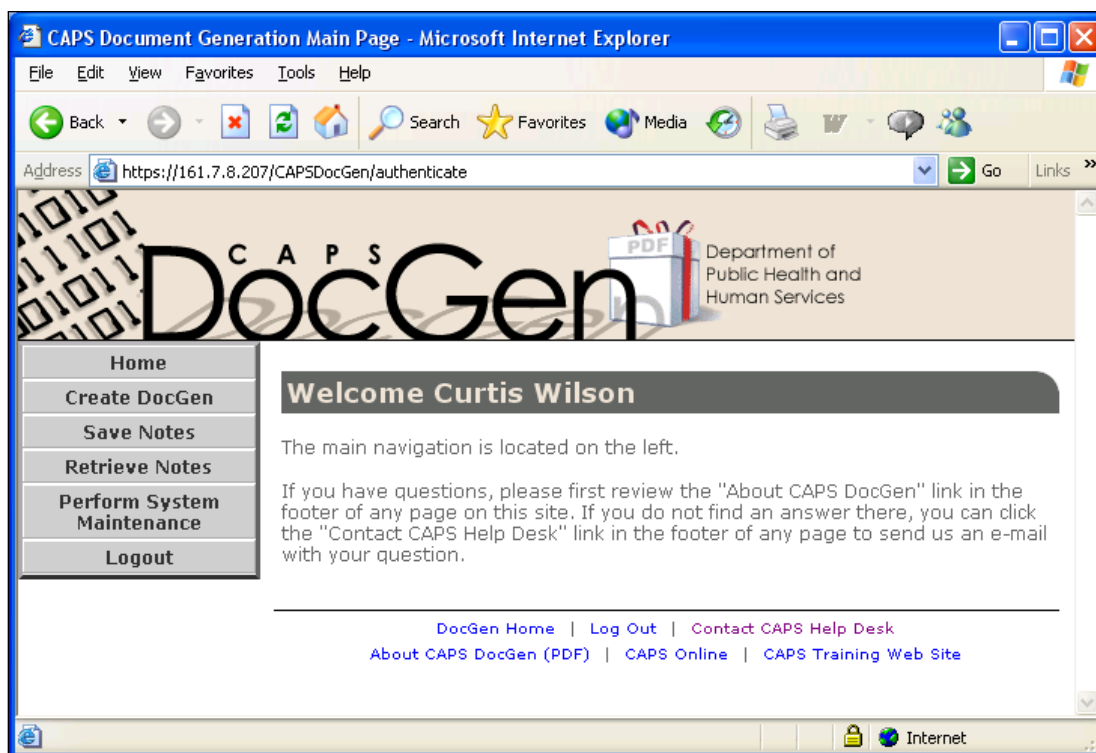
- A) See if you can get to state web site at: <http://mt.gov>  
If you can get to the mt.gov site, we know that your PC, browser and at least parts of the network are functional.
- B) Next, try: <http://oraweb.hhs.mt.gov> If you can get to this site, we know that the network connection to the Sander's building is functional.
- C) Finally, try: <http://161.7.3.69/> If you can get to this site, we know that the DPHHS web server is up and running.

If you are unable to get to any of the web sites listed in A, B or C then you most likely have an issue that the CAPS Help Desk is not authorized to help you with. You should contact the DPHHS Technology Services Center at [dphhstech@mt.gov](mailto:dphhstech@mt.gov) or 444-9500. Be sure to let them know which of the above three web sites you can get to and which ones you can't get to.

If you can get to all three of the above web sites, but not DocGen, contact the CAPS Help Desk.

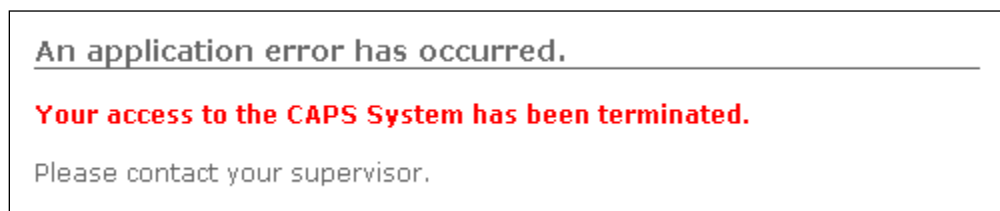
## Getting Started 2

Once you get logged in you should see the Welcome screen with your name:



If you get to the welcome screen we know that the DPHHS Web Server is communicating successfully with the ITSD Enterprise Server (Mainframe).

There are several reasons you may not get the welcome screen when you enter your User Id and password. Some error messages will indicate a contact or action you can take to resolve the problem yourself.

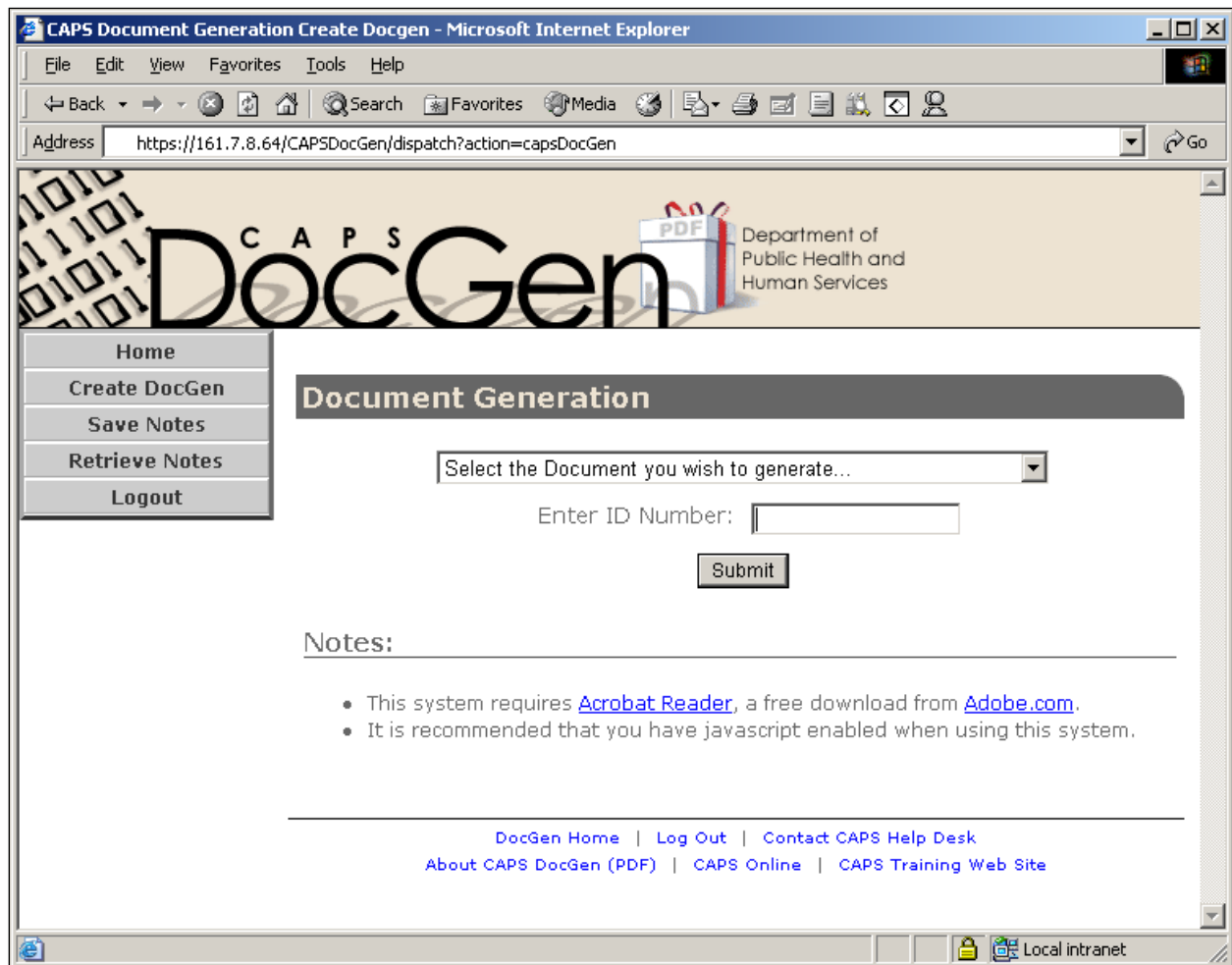


Other messages might be less meaningful to you, but will be very useful for technical personnel. Messages such as the example below should be sent to the Help Desk.



## Getting Started 3

After you get logged in, click once on the “Create DocGen” button and the following screen should be displayed:

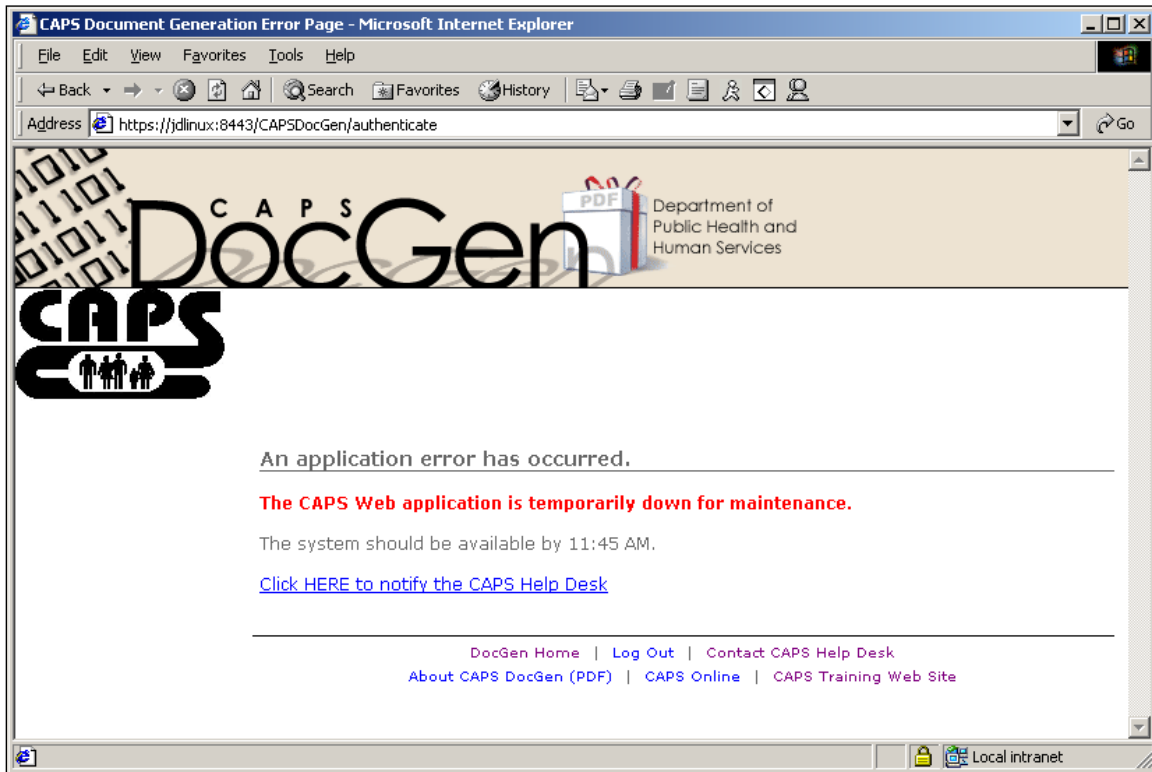


If you get to the “Document Generation” screen we know that the DPHHS Web Server is successfully communicating with the DPHHS Oracle Server.

**At this point you know that all three servers are running and communicating correctly with each other. Any errors that you experience after this point MUST be directed to the CAPS Help Desk in order to avoid delays.**

The rest of this document is dedicated to error messages you may encounter.

## System Maintenance



We will occasionally take the system down for maintenance in the middle of the day. When this is the case there will be a message indicating when we expect the system to be available again.

Mike Earley or Margaret Jennings-Jeffrey will send out a notice anytime there is a planned outage. As a general rule, server maintenance is performed during off hours in order to impact the fewest number of people.

If this screen is displayed, there is no need to notify anyone. We are aware of the problem and are working to fix it. If the system is still not available after the specified time, you may contact the CAPS Help Desk for an update.

## Regularly Scheduled Maintenance Times

The time periods identified below show the most common maintenance times when you can expect CAPS and/or DocGen to be unavailable or when some of the system errors occur due to maintenance activities being performed.

### 6:00 PM Weekdays – CAPS Nightly Batch Processing

All users are closed out of CAPS at 6:00PM as the Mainframe Server prepares to process the nightly batch jobs. Users may log in again within 5-10 minutes, but they will have limited update abilities. Nightly batch processing can last for several hours but it is generally finished by 8:00PM.

**DocGen will remain available during this period.**

### Midnight Weekdays – Database Backups on the Oracle Server

HOT Backups – A hot backup is when the Oracle systems remain running and an incremental backup is performed. This generally takes 60 minutes and you may notice a slow response time.

**DocGen will remain available during this period.**

### Midnight Sundays – Database Backups on the Oracle Server

COLD Backups – A cold backup is when all Oracle systems are shut down and a complete backup is performed. This generally takes 60 minutes.

**DocGen is not available during this period.**

### 2:00 AM Weekdays – Database Backups on the Mainframe Server

Backups on the Mainframe Server generally last 30 to 60 minutes.

**DocGen is not available during this period.**

### 3:00 AM Wednesdays – CICS Maintenance on the Mainframe Server

The CICS regions on the Mainframe Server are unavailable for approximately 30 minutes.

CICS maintenance is only scheduled on Wednesdays, but may occur on other nights at ITSD's discretion.

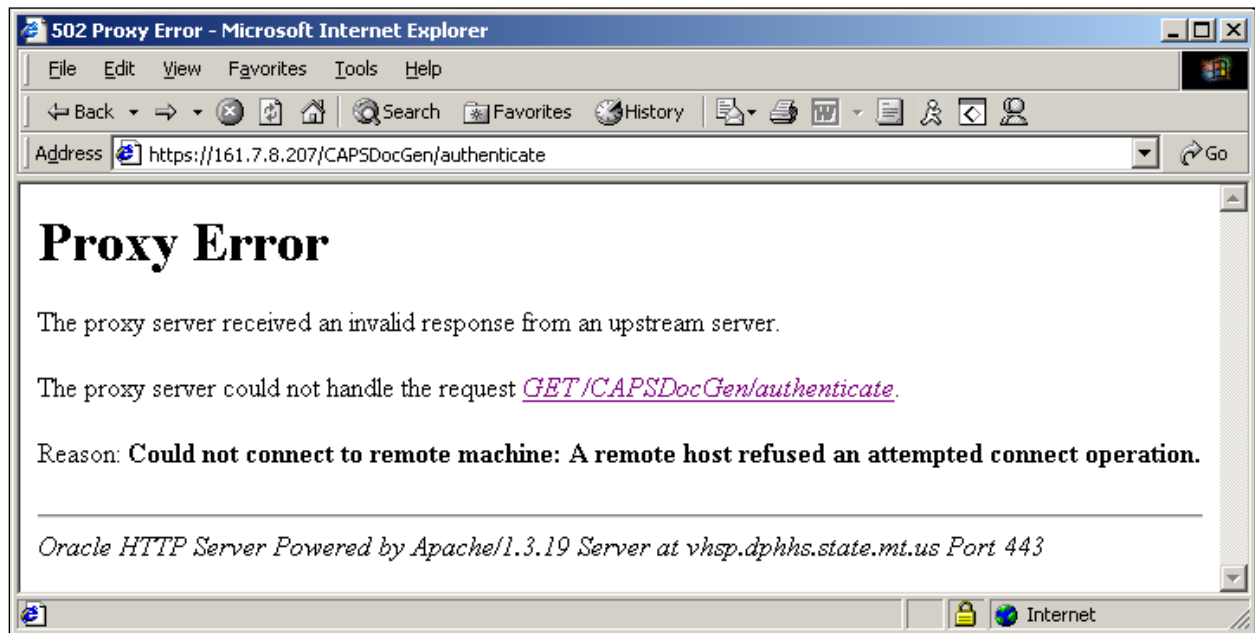
**DocGen is not available during this period.**

### 5:00 AM Fridays – DPHHS Server Maintenance

Both DPHHS servers have various system maintenance tasks that are scheduled to run Friday mornings between 5:00 AM and 6:00 AM. Some tasks may slow the system down and other tasks may shut down DocGen. The tasks vary and do not occur every week. If you happen to get closed out of DocGen during this time, please wait at least 20 minutes before attempting to log in again.

When ITSD has planned outages, they put notices on the mainframe and they send out e-mail messages. Users should read these messages and be aware of other times when they may be unable to use CAPS or DocGen.

## Proxy Error



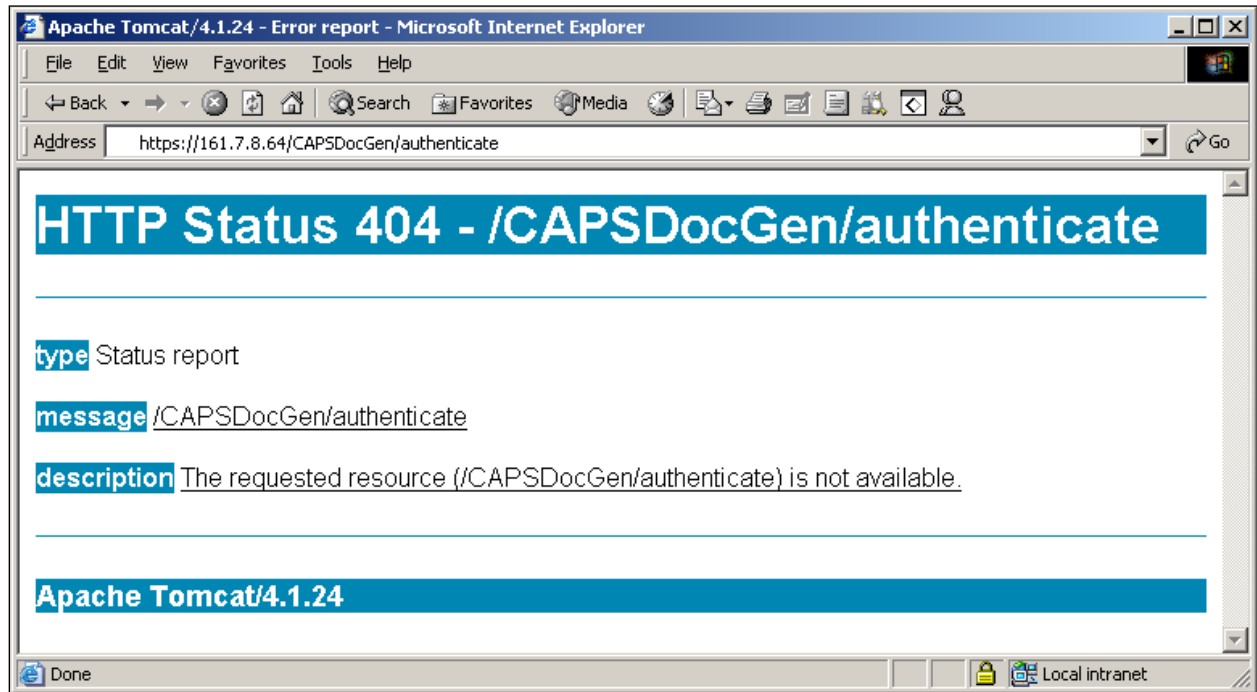
The most common reason you would get a Proxy Error is when the DPHHS Web Server is down or very busy.

A quick and easy way to find out if the DPHHS Web Server is down is to check and see if the DPHHS home page is available. If the DPHHS home page is not running then there is a good chance that the entire server is having problems and DocGen will be unavailable as well.

The URL for the DPHHS home page is: <http://www.dphhs.mt.gov/>

If you can get to the DPHHS home page, but can't get to DocGen then there is a problem that should be reported. Please contact the CAPS Help Desk or the DPHHS Technology Services Center.

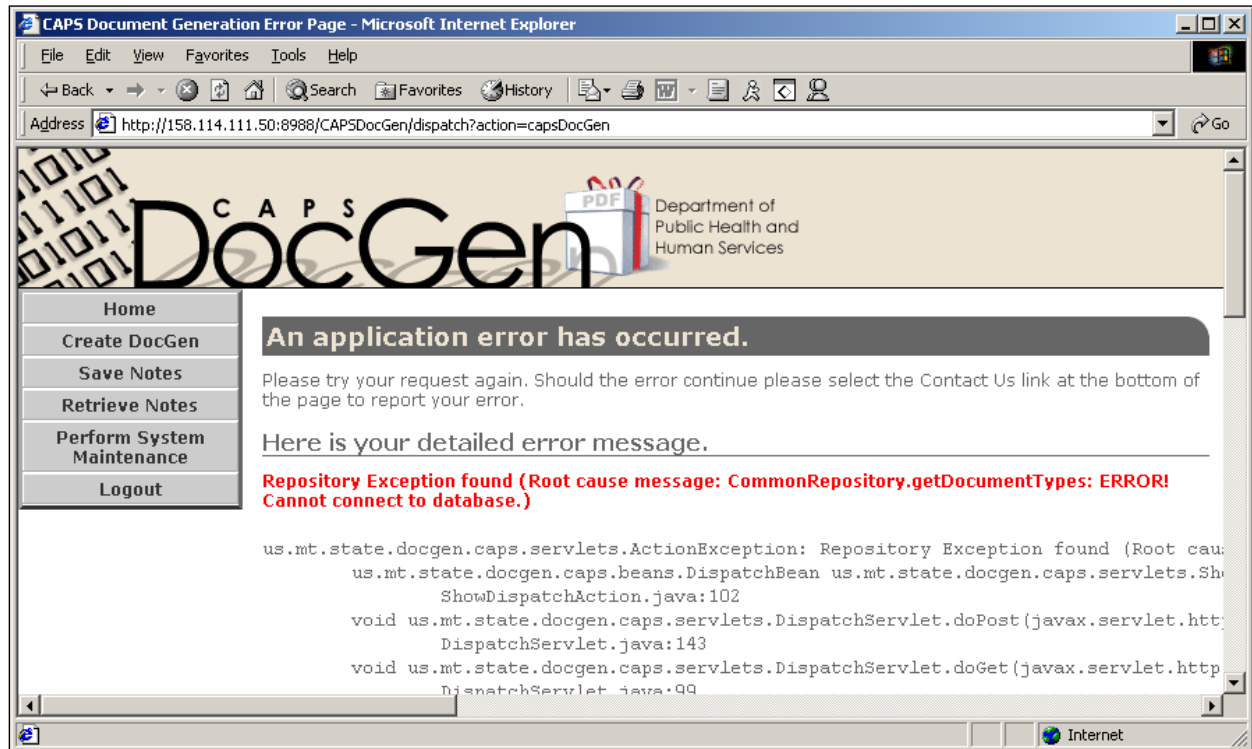
## HTTP Status 404



You will get this error when the DPHHS Web Server is running, but the DocGen application has not been started. This occasionally happens when the server has to be rebooted in the middle of the day.

You can notify the CAPS Help Desk or the DPHHS Technology Services Center and ask them to “Start the CAPS DocGen application on the Apache Web Server”.

## Repository Exception



When the Oracle Server encounters an error you will get an error message that begins with **“Repository Exception”**.

The most common reason you will get this error is when backups are running on the Oracle Server. Backups are scheduled to happen between midnight and 1:00 AM every Sunday.

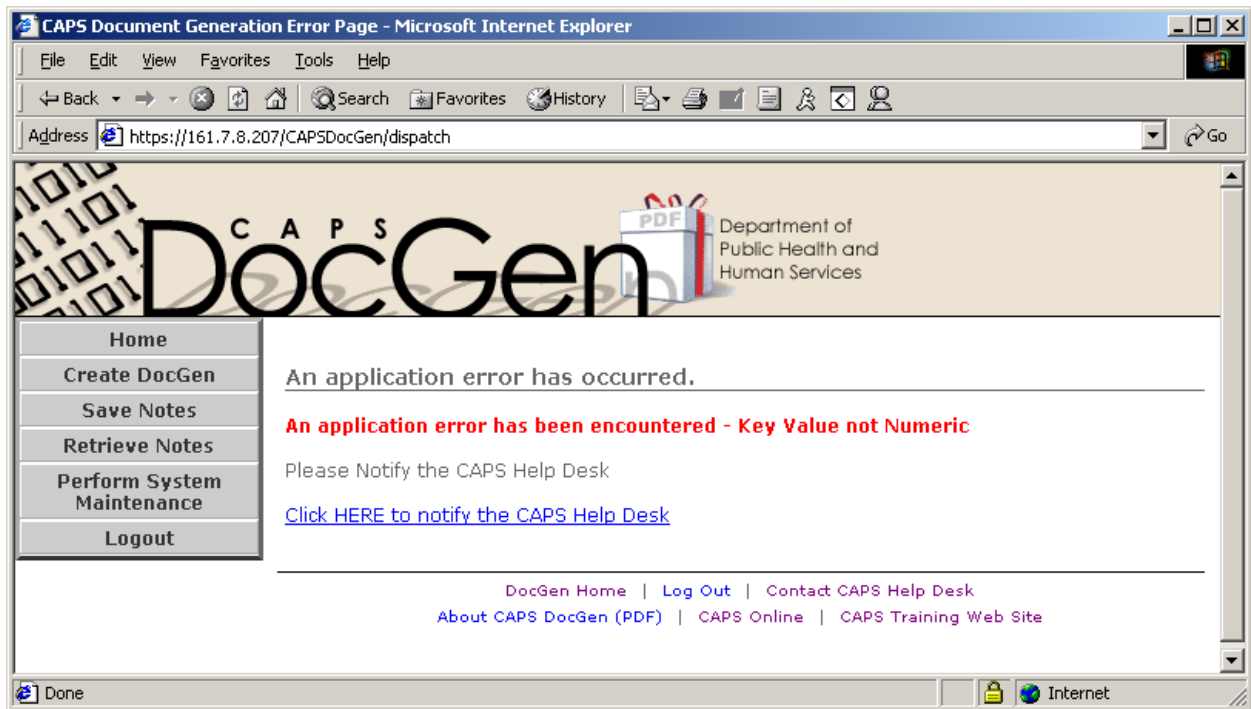
If you receive any kind of Repository Exception during backup or maintenance hours, please wait and try again later.

If you receive a Repository Exception during the day or outside of the scheduled backup and maintenance times, please scroll to the bottom of the page and use the blue link that says [“Click HERE to notify the CAPS Help Desk”](#). This will create an e-mail similar to the one on page 11 of this document.

CAPS Staff will use data in that e-mail to identify the problem.



## Key Value Not Numeric

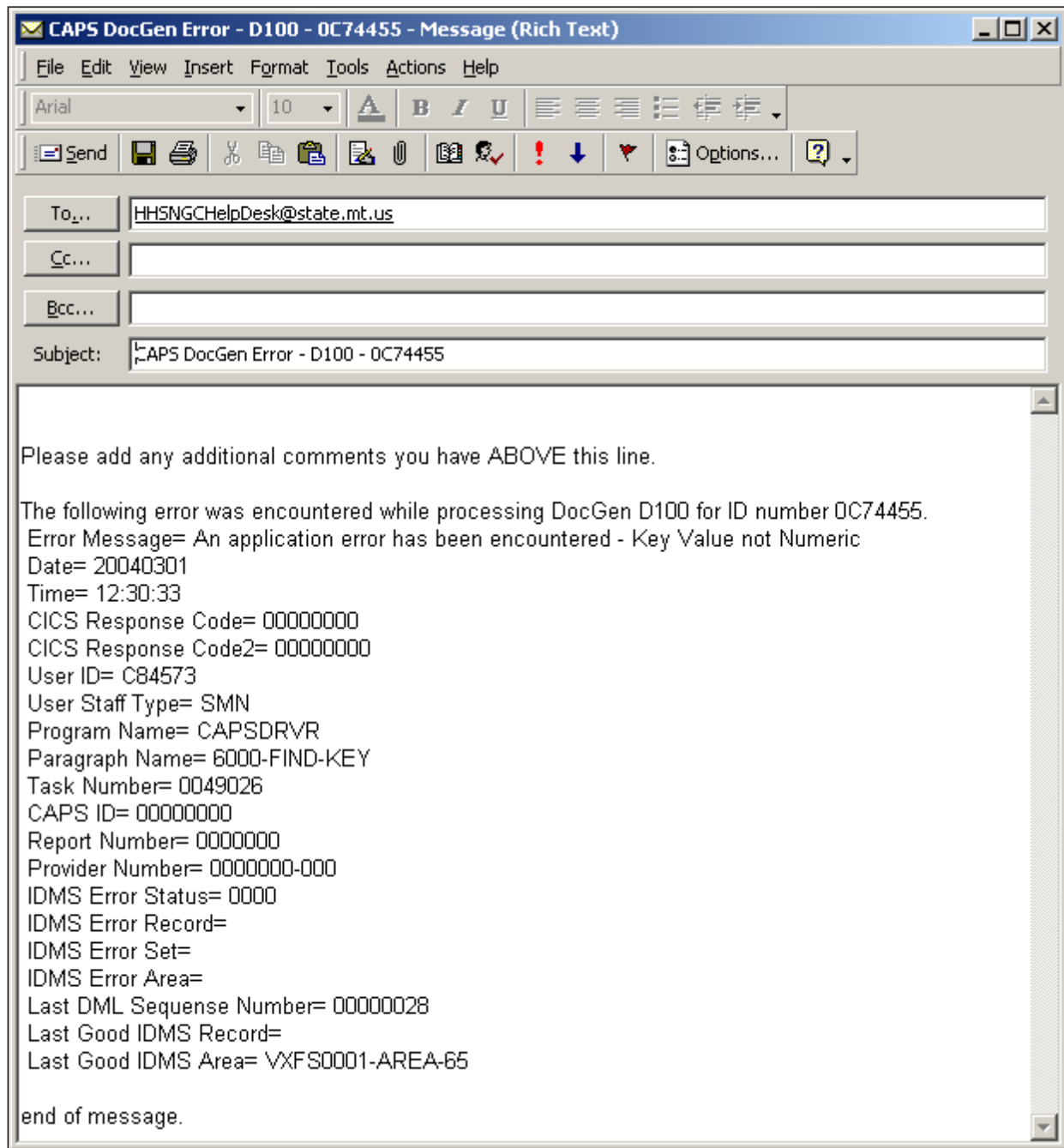


This error occurs when you enter letters in the ID field instead of a CAPS-ID or report number. This commonly happens when you have entered your user-id. (Cxxxxx)

You should click "Create DocGen", select the document you want and then double check the type of ID you are prompted for. If you still receive this message after entering the correct ID, please use the blue link that says "[Click HERE to notify the CAPS Help Desk](#)". This will create an e-mail similar to the one on page 11 of this document.

CAPS Staff will use data in that e-mail to identify the problem.

## Notifying the CAPS Help Desk



When you click the blue link that says "[Click HERE to notify the CAPS Help Desk](#)" your Outlook will be opened and an e-mail that looks something like the above will be displayed.

You can add any comments you like at the top of the message before you send it.

## **E-mail Not Setup Correctly**

If you click the link to notify the CAPS Help Desk of an error and you are prompted to setup an e-mail account then you have an Internet Explorer setting that needs to be changed. Go to the Tools Menu, Internet Options, Programs Tab, Change e-mail to Microsoft Outlook, click OK.

## **After Hours and Weekends**

Other than the scheduled downtime for maintenance activities, the CAPS and DocGen applications are expected to be available 24 hours a day, 7 days a week.

Live technical support is not available 24/7.

Any errors encountered outside of regular business days (i.e., evenings past 5:30 and weekends) should be sent to the CAPS Help Desk or the DPHHS Technology Services Center.

- ★ The CAPS Help Desk should be emailed using the “contact the CAPS Help Desk” link on the Logon page or the “Click HERE to notify the CAPS Help Desk” link that appears with most error messages. You may also leave a message at 444-4125 or 800-285-2361.
- ★ The DPHHS Technology Services can be contacted at 444-9500 or [dphhstech@mt.gov](mailto:dphhstech@mt.gov).

***Important Note: A response will not be received back from either Help Desk until the following business day.***

# **INTERFACES**

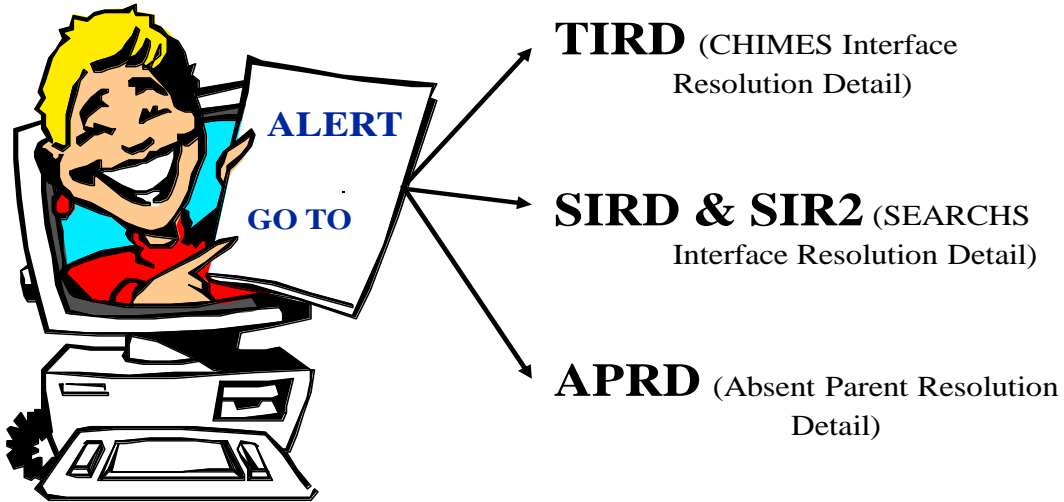
**SEARCHS, CHIMES, CCUBS**

**Interface Resolutions**

**TANF Applications**

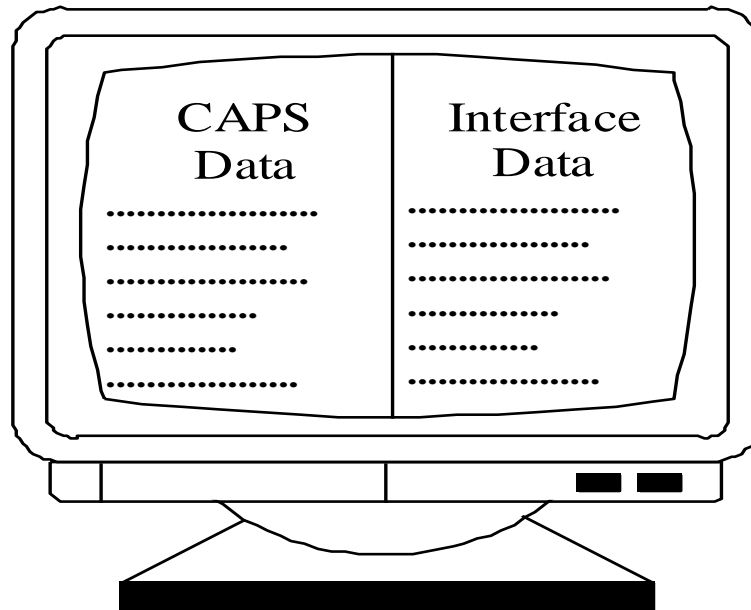
**Child Support Referrals**

# *Interfaces*



- An alert will be listed on the ALER screen notifying you of any interface information that was received
  - TIRD = CHIMES Information
  - SIRD & SIR2 = SEARCHS Child Information
  - APRD = SEARCHS Absent Parent Information
- Select the alert and CAPS will take you to the appropriate screen

# Split Screen Functions



IF-03

- CAPS information is displayed on the left side of the screen
- Interface information is displayed on the right side of the screen
- Worker compares CAPS current data with new interface information
  - The worker makes the decision to accept interface data and change CAPS data or to keep CAPS data as it is
- Select data to be replaced in CAPS with the interface information
- Event generated when a worker replaces CAPS information with interface information

## TIRD - CHIMES Interface Resolution Detail

S1 - St of MT Mainframe - hlncr - BlueZone Mainframe Display

File Edit Session Options Transfer View Script Help

Connections: hlncr

Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08

CAFSTIRD CHIMES INTERFACE RESOLUTION DETAIL 11/13/2012 12:19

USER ID: C74142SW PAGE NO: 1

CAPS ID: 00001002 NAME: HOLLING, KYLE

TO SELECT, ENTER S=SELECT CHIMES DATA

INTERFACE DATE: 07/25/2000

CAPS DATA		CHIMES DATA	
ADDRESS			
TYPE : R RESIDENCE (PHYSICAL)		R RESIDENCE (PHYSICAL)	
STR LIN1: 2205 E 6TH AVE		240 CHERRY TREE LANE	
STR LIN2:			
CITY/ST : HELENA MT		BIGFORK MT	
ZIP CODE: 59601 - 4867		59911 -	
COUNTY : 25		15	
START DT: 02/01/2000			
END DT : 02/01/2000		99/99/9999	
PHONE :			

TO SELECT, TYPE D=DELETE ALL CHIMES DATA

PATH:

S1 Ready (1) 161.7.90.3 TCP01041 12:19:16 11/13/2012 NUM 03:14:52 24.076

- This screen displays data as it currently exists in CAPS and the data CHIMES sent back to CAPS
  - CAPS data is displayed on the left side of the screen
  - CHIMES data is displayed on the right side of the screen
- Worker can select CHIMES data to replace existing CAPS data
  - Select information by placing an "S" in the select field
- To delete CHIMES information type a "D" on the TO SELECT field at the bottom of the last screen
  - This will also delete your alert on ALER
- An event will be created when the user elects to replace the CAPS information with CHIMES information

*SIRD - SEARCHS Interface Resolution Detail*

```
CAFSSIRD          SEARCHS INTERFACE RESOLUTION DETAIL          01/10/1997    10:44
USER ID : C87374
CAPS ID : 00005471    65    NAME: MCNEIL, ANGELA K
TO SELECT, ENTER S=SELECT SEARCHS DATA
                        INTERFACE DATE: 12/10/1996

CAPS DATA          SEARCHS DATA
SSN      : 132-45-6789          - 999-99-9999
BIRTH DATE: 12/28/1985          - 12/28/1985
NAME     : ANGELA              - ANGELA
          KAY                  - MARIE
          MCNEIL               - MCNEIL

ADDRESS  : 1231 STEELE ST      - 1231 STEEL
          BUTTE                MT    BUTTE                MT
          59701 - 2137          59701 -
COUNTY  : 65 NORTHERN CHEYENNE TRI 00
PHONE    :                    - 406 723-3971
GOOD CAUSE:
DANGEROUS :
```

PATH: SIR2

- This screen displays data as it currently exists in CAPS and the data SEARCHS sent back to CAPS
  - CAPS data is displayed on the left hand side of the screen
  - SEARCHS information is displayed on the right side of the screen
- Worker can select SEARCHS data to replace existing CAPS data
  - Select information by placing an "S" in the select field
- An event will be created when the user elects to replace the CAPS information with SEARCHS information



## SIR2 - SEARCHS Interface Resolution Detail 2

```
CAFSSIR2      SEARCHS INTERFACE RESOLUTION DETAIL 2      01/10/1997      10:44
USER ID : C87374
CAPS ID : 00005471      65      NAME: MCNEIL, ANGELA K
TO SELECT, ENTER S=SELECT SEARCHS DATA
                        INTERFACE DATE 12/10/1996
CAPS DATA      SEARCHS DATA
MED INS CO:
POLICY NO :
GROUP CERT:
START DATE:
END DATE :

POLICY HOLDER
SSN      :
NAME     :

SOURCE    :
VERF DATE:

      _ TO SELECT, ENTER D=DELETE ALL SEARCHS DATA

PATH:
```

- This screen displays medical insurance data
  - CAPS data is displayed on the left side of the screen
  - SEARCHS data is displayed on the right side of the screen
- Worker can select SEARCHS data to replace/add to the existing CAPS data
  - Select information by placing an “S” in the select field
- To delete SEARCHS information type a “D” on the TO SELECT field at the bottom of the last screen
  - This will also delete your alert on ALER
- An event will be created when the user elects to replace the CAPS information with SEARCHS information

## APRD – Absent Parent Resolution Detail

```
CAFSAPRD          ABSENT PARENT RESOLUTION DETAIL          11/26/2002   15:15
USER ID : C74142RS                                     PAGE NO:    1
CAPS ID : 00001054    00    NAME: COONEY, BABY

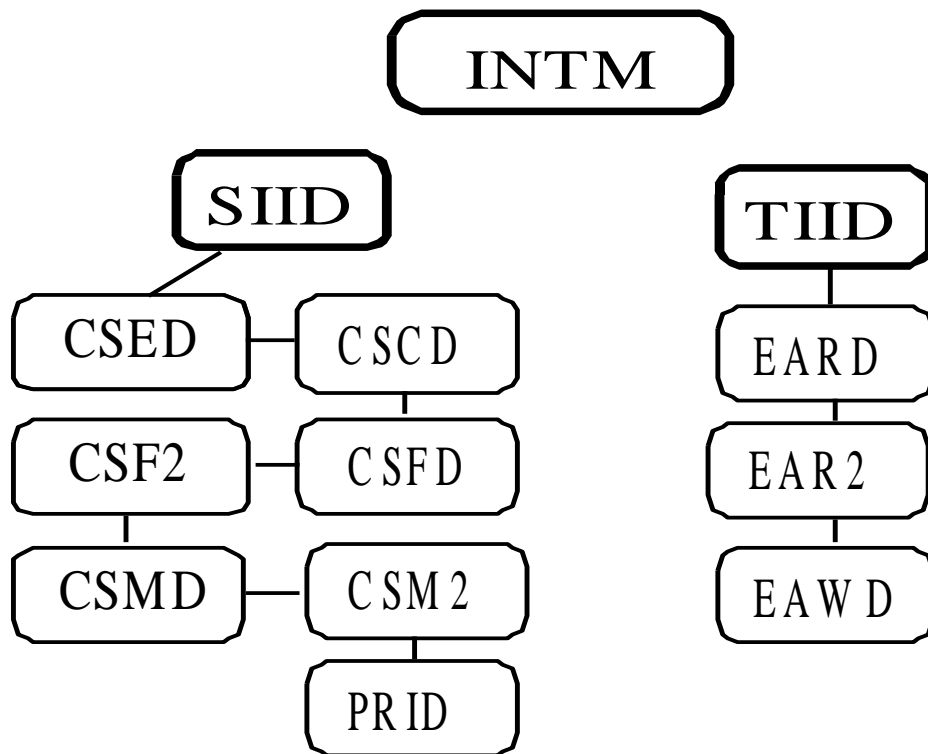
CAPS PERSON                                SEARCHS ABSENT PARENT
CAPS ID   :                                - 0000001054    PARTICIPANT ID
SSN       :                                214901054      SSN
BIRTH DATE :                                BIRTH DATE
FIRST NAME :                                FOUR          FIRST NAME
MIDDLE NAME :                                MIDDLE NAME
LAST NAME  :                                FOURTHPARENT  LAST NAME

NO MATCHES WERE FOUND
ENTER A TO ADD SEARCHS ABSENT PARENT INFORMATION TO CAPS
ENTER D TO DELETE SEARCHS ABSENT PARENT INFORMATION

PATH: █
```

- This screen is accessed by selecting the IB0010 (SEARCHS Absent Parent ##### must be resolved for ID #####) alert.
- CAPS PERSONS are matched based on 1) primary SSN, then 2) exact last name match; 3) exact first name match, and 4) birth date match
- Options at the bottom of the screen will vary depending on the information coming across
  - If there is only one CAPS PERSON identified, “F7/F8 to view additional matches” will not be displayed
  - If there is no CAPS PERSON identified, “R to replace CAPS with SEARCHS absent parent information” will not be displayed
- Some type of resolution must be performed in order for the alert to be deleted
- If information is added or replaced, an event will be created
- The IB0009 (Absent Parent ##### received from SEARCHS for #####) alert will be created when the CAPS system has automatically been updated with absent parent information from SEARCHS. The system will be automatically updated, and no resolution will be required if there is a match on the PARTICIPANT ID coming over from the interface.

- The IB0009 alert indicates that updates have been made to the RELL (Relationship List) for the child and parent(s).
  - For the child, RELL will be updated with a code of SAP (SEARCHS Absent Parent) for the parent(s)
  - For the parent(s), RELL will be updated with a code of RBS (Related by SEARCHS) for the child.
  - If a relationship already exists for the parent(s)/child, they will not be overridden with the interface codes



- Must go through the default flow of screens
  - Cannot access screens by entering their name in the PATH field
- The interface menu (INTM) is where you would select
  - SIID = Child Support Enforcement Referral
  - TIID = Emergency Assistance Application

### SIID - SEARCHS Initial Inquiry Detail

```
CAFSSIID          SEARCHS INITIAL INQUIRY DETAIL  07/06/2006  14:02
USER ID : CS4566   INQUIRE
CAPS ID : 00001300 25   NAME: HARRIS, MELISSA

SEARCHS INQUIRY DATE      :
SEARCHS CASE NUMBER      :
SEARCHS PARTICIPANT ID    :
SEARCHS ROLE CODE        :
SEARCHS NAME              :
SEARCHS SSN              :
SEARCHS DATE OF BIRTH     :

TO SELECT,
  ENTER A=ADD, D=DELETE, I=INQUIRE, M=MODIFY OR E=ELECTRONICALLY SUBMIT

SEL STATUS DESCRIPTION
_  CMPLT DFS/CSED-306 AND -306A  FC CSE REFERRAL

PATH:
```

- To add an application, enter an “A” on the select line
- The application has to be in “E – ELECTR” status in order to generate the interface of the referral to the SEARCHS system
- A referral can be modified or deleted until it is in ELECTR status
- An application cannot be put into ELECTR status until the referral has been approved if good cause reasons of DO NOT PURSUE are entered on either the father (CSF2 – Child Support Father Detail 2) or mother (CSM2 – Child Support Mother Detail 2)
- Good cause reasons of DO PURSUE do not have to go through an approval, and the referral can be put into ELECTR status upon completion of the referral screens
- A separate child support referral should be submitted for each child
- If a child goes on a trial home visit, and then returns to foster care, a new child support referral should be submitted to CSED. This is because the foster care case is closed on SEARCHS when the child enters the trial home visit. Submitting a new referral notifies SEARCHS that they need to re-open the case.

*CSED - Child Support Enforcement Referral Detail*

```
CAFSCSED      CHILD SUPPORT ENFORCEMENT REFERRAL DETAIL 07/06/2006  14:05
USER ID : CS4566  MODIFY                                     PAGE NO:  1
CAPS ID : 00001300  25  NAME: HARRIS, MELISSA

SEARCHS CASE/PARTICIPANT ID:
REFERRAL DATE      :
SOCIAL/PLACING WORKER : C74142SW SOCIAL          WORKER
OFFICE ADDRESS LINE1 : PO BOX 817
                   LINE2 : 316 N PARK
CITY/STATE/ZIP CODE : HELENA                    MT  59624 -
PHONE NUMBER       : 406  444-2030
ALL FAMILY MEMBERS ASSOCIATED WITH THIS REFERRAL:
CAPS ID  ROLE  FIRST NAME  MI  LAST NAME      SSN      DOB      SEX
00001300  CHLD  MELISSA    HARRIS    516-01-5432  04/19/2001  F
00001302  BMRM  MONIQUE   HARRIS    516-65-4321  01/15/1972  F
00001301  BFRF  MICHAEL  HARRIS    516-98-7654  12/17/1974  M

SIGNATURE ON ASSIGNMENT OF RIGHTS:
REL      FIRST NAME  MI  LAST NAME      DATE SIGNED  IV-E(Y/N)
W        MARY        C   REYNOLDS      07/06/2006   Y

                                           PATH: CSCD
```

- Worker information at the top of the screen is defaulted by the system. This information is for the current assigned worker for the client.
- Relationship information is defaulted in from the child's RELL (Relationship List) screen. The child will be listed along with any "father" or "mother" codes identified on RELL
- The worker must enter the signature on assignment of rights information at the bottom of the screen. REL is an F12 lookup. The IV-E (Y/N) field cannot be entered with a "Y" if the child does not have IVE on the CELL (Client Eligibility List) screen

*CSCD - Child Support Child in Foster Care Detail*

```
CAFSCSD      CHILD SUPPORT CHILD-IN-FOSTER-CARE DETAIL      07/06/2006      14:06
USER ID: CS4566  MODIFY
CAPS ID: 00001300      25      NAME: HARRIS, MELISSA
RACE   : CA  FC PLACEMENT DATE : 06/01/2006  MONTHLY FC COST:      457.16
TRIBAL ENROLLMENT NUMBER:
TRIBAL CODE: AB  ASSINIBOINE
LIVING ON A RESERVATION?      : Y
SEARCHS CASE/PARTICIPANT ID      :      /

Y  HAVE EITHER OR BOTH PARENTS BEEN ORDERED TO PAY CHILD SUPPORT ON THIS CHILD?
    MTHR ORDER NO:      STATE:      COUNTY:      DATE:
    MTHR CAPS ID :      NAME :
    FTHR ORDER NO: 2005-109      STATE: MT  COUNTY: 25  DATE: 06/15/2005
    FTHR CAPS ID : 00001301      NAME : HARRIS, MICHAEL

Y  WERE THE PARENTS OF THE CHILD IN FOSTER CARE EVER MARRIED TO EACH OTHER?
    IF YES, MARRIAGE DATE: 08/26/2000  CITY:      STATE:
    DID FATHER SIGN ACKNOWLEDGEMENT/AFFADAVIT OF PATERNITY?

Y  IS FATHER'S NAME ON CHILD'S BIRTH CERTIFICATE?
    WAS MOTHER MARRIED TO SOMEONE OTHER THAN FATHER AT TIME OFBIRTH?
    WAS CHILD BORN WITHIN 300 DAYS AFTER DIVORCE/ANNULMENT OF A
    MARRIAGE TO SOMEONE OTHER THAN THE CHILD'S FATHER?

U  ARE THE PARENTS DIVORCED, LEGALLY SEPARATED OR HAS LEGAL ACTION BEGUN?
    ORDER NO:      STATE:      COUNTY:      DATE:

PATH: CSFD
```

- Information at the top of the screen is defaulted in from the CLID (Client Detail) and ICWD (ICWA Detail) screens. The monthly FC cost is based on open “P” services on the SERP (Services Detail: Payable) screen
- The eight questions at the bottom of the screen can be answered with a yes (Y), no (NO) or unknown (U). Certain questions will be required/not required based on the answers to prior questions. For example, if you answer NO to “were the parents of the child ever married to each other”, then you will not be required to answer enter the Marriage Date, City, and State questions
- For those questions that have supplemental information, it should be included if the CAPS worker has access to that information. However, this information is optional in case the CAPS worker does not have the information. For example, the CAPS worker can answer YES to “have either or both parents been ordered to pay child support”, but if they don’t have the order information, they can leave it blank

*CSFD - Child Support Father Detail*

CAFSCSFD	CHILD SUPPORT FATHER DETAIL	07/06/2006	14:07
USER ID: CS4566	MODIFY	PAGE NO:	1
CAPS ID: 00001300	25	NAME: HARRIS, MELISSA	
FATHER : MICHAEL	HARRIS		
TRIBAL ENROLLMENT NUMBER:			
TRIBAL CODE:			
CURRENTLY LIVING ON A RESERVATION?	N		
POB :		SEARCHS:	/
ALIASES:		SSN :	516-98-7654
		HT/WT :	'"/
		RACE :	CA WHITE/CAUC
		EYE :	
		HAIR :	
HOME ADDRESS LIN1:	1311 BIG HORN RD	PHONE:	
HOME ADDRESS LIN2:		DATE :	99/99/9999
HOME CITY/ST/ZIP :	HELENA MT 59602	-	7612
MAIL ADDRESS LIN1:		PHONE:	
MAIL ADDRESS LIN2:		DATE :	
MAIL CITY/ST/ZIP :		-	
EMPLOYER NAME :	MONTANA AIR NATIONAL GUARD		
EMPL ADDRESS LIN1:	2495 RAMPART DRIVE	PHONE:	406 449-1234
EMPL ADDRESS LIN2:		DATE :	99/99/9999
EMPL CITY/ST/ZIP :	HELENA MT 59602	-	
		PATH:	CSF2

- All information on this screen is defaulted in from other screens
- Tribal information comes from ICWD (ICWA Detail)
  - POB (Place of Birth), SSN and Race come from PERD (Person Detail)
  - Aliases come from AKAD (Person Name AKA Detail)
  - Address information comes from ADDL (Address List)
  - Employer information comes from EMPL (Employment History)
  - Height/Weight, Eye and Hair come from MEDS (Medical Summary)



*CSF2 - Child Support Father Detail 2*

```
CAFSCSF2          CHILD SUPPORT FATHER DETAIL 2          07/06/2006   14:07
USER ID: CS4566   MODIFY                                PAGE NO:    1
CAPS ID: 00001300   25   NAME: HARRIS, MELISSA

FATHER: MICHAEL          HARRIS

FATHER'S GOOD CAUSE REASON(S): CO   GOOD CAUSE DOES NOT EXIST PURS

APPROVED: A   BY: CS4566   DATE: 07/06/2006

PROVIDE ANY INFORMATION YOU CAN ABOUT THE FATHER'S SITUATION (FOR EXAMPLE,
  FATHER IS A FULLTIME STUDENT AT XYZ UNIVERSITY).

OTHER COMMENTS (PLEASE INCLUDE ANY INFORMATION WHICH WOULD BE HELPFUL FOR
  THE CSED WORKER, SUCH AS "POTENTIALLY DANGEROUS SITUATION").

PATH: CSMD
```

- This is additional information about the FATHER
- The GOOD CAUSE REASON field is an F12 lookup and is a required field. The worker must identify if a good cause reason exists to not pursue child support.
  - A good cause reason of “CO” means that good cause does not exist and that child support should be pursued. This code does not have to be approved by the worker’s supervisor. The system will automatically enter the worker’s approval and C# in this field if “CO” is used.
  - A good cause reason of “GC” means that good cause does exist and that child support should not be pursued. There are very specific good cause reasons in policy. This code has to be approved by the worker’s supervisor.
- The two comment fields at the bottom of the screen are free-form text fields for the worker to 1) enter any additional information about the father/father’s situation, and 2) general comments such as “potentially dangerous” or to explain good cause reasons

*CSMD - Child Support Mother Detail*

CAFSCSMD	CHILD SUPPORT MOTHER DETAIL	07/06/2006	14:17
USER ID: CS4566	MODIFY	PAGE NO:	1
CAPS ID: 00001300	25	NAME: HARRIS, MELISSA	
MOTHER : MONIQUE	HARRIS	MAIDEN :	
TRIBAL ENROLLMENT NUMBER:			
TRIBAL CODE:			
CURRENTLY LIVING ON A RESERVATION?	N		
POB :		SEARCHS:	/
ALIASES:		SSN :	516-65-4321
		HT/WT :	'"/
		RACE :	CA WHITE/CAUC
		EYE :	
		HAIR :	
HOME ADDRESS LIN1:	1311 BIG HORN RD	PHONE:	
HOME ADDRESS LIN2:		DATE :	99/99/9999
HOME CITY/ST/ZIP :	HELENA	MT 59602 -	7612
MAIL ADDRESS LIN1:		PHONE:	
MAIL ADDRESS LIN2:		DATE :	
MAIL CITY/ST/ZIP :		-	
EMPLOYER NAME :			
EMPL ADDRESS LIN1:		PHONE:	
EMPL ADDRESS LIN2:		DATE :	
EMPL CITY/ST/ZIP :		-	
		PATH:	CSM2

- All information on this screen is defaulted in from other screens
- Tribal information comes from ICWD (ICWA Detail)
  - POB (Place of Birth), SSN and Race come from PERD (Person Detail)
  - Aliases come from AKAD (Person Name AKA Detail)
  - Address information comes from ADDL (Address List)
  - Employer information comes from EMPL (Employment History)
  - Height/Weight, Eye and Hair come from MEDS (Medical Summary)

*CSM2 - Child Support Mother Detail 2*

```
CAFSCSM2          CHILD SUPPORT MOTHER DETAIL 2          07/06/2006   14:17
USER ID: CS4566    MODIFY                                PAGE NO:    1
CAPS ID: 00001300  25   NAME: HARRIS, MELISSA

MOTHER: MONIQUE          HARRIS                      MAIDEN:

MOTHER'S GOOD CAUSE REASON(S): CO  GOOD CAUSE DOES NOT EXIST PURS

APPROVED: A  BY: CS4566    DATE: 07/06/2006

PROVIDE ANY INFORMATION YOU CAN ABOUT THE MOTHER'S SITUATION (FOR EXAMPLE,
MOTHER IS A FULLTIME STUDENT AT XYZ UNIVERSITY).

OTHER COMMENTS (PLEASE INCLUDE ANY INFORMATION WHICH WOULD BE HELPFUL FOR
THE CSED WORKER, SUCH AS "POTENTIALLY DANGEROUS SITUATION").

PATH: PRID
```

- This is additional information about the MOTHER
- The GOOD CAUSE REASON field is an F12 lookup and is a required field. The worker must identify if a good cause reason exists to not pursue child support.
  - A good cause reason of “CO” means that good cause does not exist and that child support should be pursued. This code does not have to be approved by the worker’s supervisor. The system will automatically enter the worker’s approval and C# in this field if “CO” is used.
  - A good cause reason of “GC” means that good cause does exist and that child support should not be pursued. There are very specific good cause reasons in policy. This code has to be approved by the worker’s supervisor.
- The two comment fields at the bottom of the screen are free-form text fields for the worker to 1) enter any additional information about the mother/mother’s situation, and 2) general comments such as “potentially dangerous” or to explain good cause reasons

*PRID - Private Insurance Detail*

```
CAFSPRID          PRIVATE INSURANCE DETAIL          07/06/2006   14:18
USER ID : CS4566   MODIFY                                PAGE NO:   1
CAPS ID : 00001300   25   NAME: HARRIS, MELISSA

INSURANCE TYPE           : MEDICAL
COMPANY CODE / NAME      : C78   USAA EMPLOYEE BENEFIT DEPT
ADDRESS LINE1            : USAA BUILDING C-2-W
LINE2                    :
CITY/STATE/ZIP CODE      : SAN ANTONIO           TX  78288 - 0047
POLICY HOLDER ID/NAME(F,M,L): 00001301 MICHAEL           HARRIS
POLICY HOLDER SSN        : 516-98-7654
POLICY NUMBER            : 123456
GROUP CERTIFICATION NO.  : 654321
DATE ISSUED              : 01/01/2006
FACE VALUE               :
CASH VALUE               :

F11=ADD LIFE INSURANCE                                PATH: SIID
```

- Medical insurance information on this screen is defaulted in from the MEDS (Medical Summary) screen. Medical insurance details can not be added on this screen
- Life insurance information can be added by pressing F11
  - Required fields will be COMPANY CODE/NAME (F12 lookup) and DATE ISSUED
  - Once life insurance has been added, it can also be deleted anytime before the referral is in ELECTR status

### TIID - TANF Initial Inquiry Detail

```
CAFSTIID          TANF INITIAL INQUIRY DETAIL          02/29/2012    10:56
USER ID : CS4566    INQUIRE
CAPS ID : 00002084    25    NAME: FURST, EVE

CHIMES INQUIRY DATE : 12/28/1997    REQUIRED DOCUMENTS
CHIMES CASE NUMBER :                BIRTH CERTIFICATE :
CHIMES PERSON NUMBER:                SOCIAL SECURITY CARD:
EMERGENCY TANF
    ELIGIBILITY DATE:

                                HISTORICAL INFORMATION
                                TANF CASE NUMBER :    000133
                                TANF PERSON NUMBER:    0000005

TO SELECT, ENTER ONE OF THE FOLLOWING:
    A=ADD, D=DELETE, I=INQUIRE, M=MODIFY

SEL STATUS DESCRIPTION
_  PENDIN TANF EMERGENCY ASSISTANCE REQUEST (A,D,I,M)

FS900187 PERSON NOT FOUND ON CHIMES . PATH:
```

- CHIMES related information about the CAPS client or person for whom the request for information was sent is displayed here
- Selections can be made to ADD (A), DELETE (D), INQUIRE (I) or MODIFY (M)
- This screen is divided in half
  - The top half displays CHIMES information
  - The bottom half provides the status of the interface application forms
- If an Emergency TANF eligibility date appears on TIID, the person is not eligible to apply for TANF assistance on CAPS until that date, unless the CAPS application signed date is within 30 days of the CHIMES application signed date
  - **\*Important\*** - if there is an application on CHIMES, and the CAPS application falls within the 30 day window, the application signed date for the CAPS application should be entered as the CHIMES application signed date. This way, eligibility on CELL will follow the CHIMES application span.

*EARD - Emergency Assistance Request Detail*

```
CAFSEARD      EMERGENCY ASSISTANCE REQUEST DETAIL      07/06/2006      14:26
USER ID : CS4566    INQUIRE      PAGE NO: 1
CAPS ID : 00001300    25    NAME: HARRIS, MELISSA

LAST NAME      FIRST NAME    I    DOB      SSN      S REL CTZ STS BC SSC
HARRIS        MELISSA      04/19/2001  516-01-5432 F SLF Y NM Y Y
* HARRIS      MONIQUE      01/15/1972  516-65-4321 F BMR Y MA Y Y
* HARRIS      MICHAEL      12/17/1974  516-98-7654 M BFR Y MA Y Y

ADDRESS LINE1      : 1311 BIG HORN RD
LINE2              :
CITY/STATE/ZIP/COUNTY : HELENA      MT 59602 7612 25

APPLICATION SIGNED DATE: 07/01/2006

PATH: EARD
```

- This screen allows the worker to select the individuals who comprise the family unit that is applying for emergency assistance
  - Information will be sent to CHIMES through the interface
  - Press F10 to select additional family members for the application
    - A query will be done on each person selected to see if they are already known to CHIMES
  - Those not found on CHIMES will have \* by their last name
  - Any selected family members who are not eligible for TANF will not be carried over from RELL
  - In order to add a person to the application, they must have a social security number, date of birth and sex code of “M” or “F” entered on the PERD (Person Detail) screen
- The primary applicant must have an active residential address on the ADDL screen
- The application signed date is a required field and should be populated with the date the application was actually signed. This is when the TANF eligibility period will begin once the application is approved

*EAR2 - Emergency Assistance Request Detail 2*

CAFSEAR2      EMERGENCY ASSISTANCE REQUEST DETAIL 2      07/06/2006      14:27  
USER ID : CS4566      INQUIRE  
CAPS ID : 00001300      25      NAME: HARRIS, MELISSA

Y IS THE EMERGENCY ASSISTANCE NECESSARY TO AVOID ABUSE, NEGLECT OR  
DELINQUENCY OF THE CHILD?

Y IS THE CHILD UNDER AGE 21?

N DOES THE FAMILY HAVE LIQUID RESOURCES TO MEET NEEDED SERVICES?

Y DOES THE CHILD LIVE WITH OR HAS THE CHILD LIVED WITH A SPECIFIED RELATIVE  
WITHIN THE LAST SIX MONTHS?

N HAS AN ADULT FAMILY MEMBER REFUSED EMPLOYMENT/TRAINING WITHOUT GOOD CAUSE IN  
THE LAST 30 DAYS?

N HAS THE FAMILY RECEIVED EMERGENCY ASSISTANCE WITHIN THE PAST TWELVE (12)  
MONTHS?

-----  
APPROVED/DENIED: A      BY: C74142S      DATE: 07/06/2006  
APPLICATION DATE: 07/01/2006

PATH: EAWD

- This screen allows a worker to answer the questions required on the TANF Emergency Assistance Request
  - This information will be sent to CHIMES through the interface
- CAPS will provide the information for the child's age and whether assistance has been received within the past twelve months
- The worker will answer the remaining four questions
- Approval/Denial will be entered by the Regional Financial Specialist (supervisors can also approve in the absence of the financial specialist)
  - Authorization period for Emergency Assistance Notice of Decision is calculated from the APPLICATION DATE + 29 days

### *EAWD - Emergency Assistance Services To Be Provided*

```

CAFSEAWD  EMERGENCY ASSISTANCE SERVICES TO BE PROVIDED  07/06/2006  14:27
USER ID :  CS4566  INQUIRE
CAPS ID :  00001300  25  NAME: HARRIS, MELISSA

```

INDICATE IDENTIFIED SERVICES  
TO SELECT, ENTER A=ADD OR D=DELETE

SEL	IVA	SVC	DESCRIPTION
—	DCR		DAY CARE
—	FPS		FAMILY PRESERVATION SUPPORT
—	HCR		HEALTH CARE
—	MHI		MENTAL HEALTH
—	OTH		OTHER
—	SBG		SKILL BUILDING
—	SCR		SUBSTITUTE CARE
—	TRN		TRANSPORTATION

PATH: TIID

- This screen will allow the user to identify emergency assistance services that may be provided with TANF monies
  - The worker can select multiple service codes at one time when doing an F12 lookup
- The worker has thirty (30) days from the date the application was signed to identify and/or modify any emergency assistance services
- An event will be generated for each person on the application indicating that Emergency Assistance was approved and services identified
- Once EAWD has been updated, the worker will be returned to TIID and the application should show in PENDIN (pending) status
  - Once the application is approved on EAR2, the status on TIID will change to APPRVD (approved). A nightly process will electronically submit the application to CHIMES



# **PAYMENTS**

**Payment Approvals**

**Payment Modifications**

**Funding Eligibility**

**Warrants**

## PAYA - Payment Approval

```

CAFSPAYA                PAYMENT APPROVAL LIST                02/13/2009    10:01
USER ID : C74142SW                                PAGE NO:    1

STATUS INQUIRY: X NOT APPROVED    APPROVED    DENY    ALL    USER ID:

TO SELECT, ENTER I=INQUIRE, A=APPROVE, U=UNAPPROVE, M=MODIFY(ADJUST), OR D=DENY
PAY          SVC          SERVICE UNIT
S  AGE      NAME      PROVIDER CODE  BEGIN DT  END DT  NO  TYP  RATE
U  0623 GRIMMIS, BILL  BNFH      PFRS1  01/01/08 01/20/08  19 DAY  15.00
U  0625 TRUST, JOE    YFH       PFSSI  07/01/07 07/31/07  31 DAY  20.90
U  0624 TRUST, JOE    YFH       PFSSI  08/01/07 08/31/07  31 DAY  20.90
U  0624 TRUST, JOE    YFH       PFSSI  09/01/07 09/30/07  30 DAY  20.90
U  0612 TRUST, JOE    YFH       PFSSI  10/01/07 10/09/07   9 DAY  20.90
U  0459 TRUST, JOE    YFH       PGRS5  10/01/07 10/30/07  30 DAY  117.93
U  0624 GRIMMIS, BILL  BNFH      PFRS1  08/01/07 08/31/07  31 DAY  25.00
U  0624 GRIMMIS, BILL  BNFH      PFRS1  09/01/07 09/30/07  30 DAY  25.00
U  0612 GRIMMIS, BILL  BNFH      PFRS1  10/01/07 10/31/07  31 DAY  29.00
U  0612 GRIMMIS, BILL  BNFH      PFRS1  11/01/07 11/30/07  30 DAY  29.00
U  0623 GRIMMIS, BILL  BNFH      PFRS1  12/01/07 12/31/07  31 DAY  29.00
U  0605 JUVENILE, JOE  YFH       PFRS1  05/01/06 05/31/06  31 DAY  28.88
U  0625 XX, C          SFF       PFRS1  07/01/07 07/31/07  31 DAY  25.00
U  0624 XX, C          SFF       PFRS1  08/01/07 08/31/07  31 DAY  25.00
PINK INDICATES AN INCOMPLETE PAYMENT.
PATH: █

```

- This screen displays a list of all payments waiting for approval by the worker
- At a minimum, work your PAYA screen the first working day of the month, and then once a week on Mondays or Tuesdays. (Many workers check their PAYA screen every work day, along with their alerts.)
- Payments display on PAYA depending on the service, date entered, and approval status
  - For ongoing services like foster care or diaper allowance, the payment displays on the first of the month for the prior month (the first business day of July, the June foster care payments display on PAYA)
  - If an ongoing service is backdated (for example, on July 8, a foster care service is entered with a start date of June 1), as soon as the service is fully approved, the next day, the June foster care payment will display on PAYA; July's foster care payment will display on August 1.
  - Clothing allowance is another example of a service from SERP that would generate a payment that night, to appear on your PAYA screen the next day.
  - Services that are invoiced (and the provider is not CPIS) will display on PAYA after the provider submits the invoice.
- If a provider is a CPIS provider, Central Office handles these; they won't display on your PAYA
- You can INQUIRE (I), APPROVE (A), UNAPPROVE (U), MODIFY (M) or DENY (D) a payment by entering the appropriate selection in the select field and pressing enter

- The worker assigned to the client will approve both constant (non-invoiced) and variable (invoiced) payments
  - The information appearing on this screen will have been entered by a central office worker from an actual provider invoice (for invoiced payments), or it will be system generated (for non-invoiced payments)
- The select field will display an “A” when the payment has been approved
  - This will allow the worker to unapprove something that has been approved but not yet paid
  - Unapproval is accomplished by typing over the ‘A’ with a ‘U’
- The licensing status will be checked by the system when the payment line item/claim is approved
  - An error message will appear when there is not a current, valid license for the provider and the provider has not been marked for payment without a license
  - The system will also check court order and parental agreement information for custody status before approval can be accepted
- It is perfectly acceptable for the worker to DENY a payment if he/she has questions or knows a modification needs to take place and the solution is not going to be immediate
  - The advantage of using the deny capability is that the payment remains on the PAYA screen, but under a different search criteria, so the worker (or the worker’s supervisor) would be less likely to approve that payment by mistake
- This screen gives the worker a place to check on the status of a particular payment
  - If you notice that a particular payment has been sitting in APPROVED status for a few days, contact Central Office to find out if there is a problem
- A payment that is in INCOMPLETE status will show up highlighted in pink to remind the worker that further processing needs to be done (SHIFT+F1 to balance).

## CBPL - Client-Based Payment List

```

CAFSCBPL          CLIENT-BASED PAYMENT LIST          07/05/2006   15:51
USER ID : C74142SW                                PAGE NO: 1

                                STATUS PAYMENT/
                                PROVIDER NO  CD  INVOICE #  FROM DATE  TO DATE  CAPS ID
STARTING VALUES:              000                                00001006

TO SELECT, ENTER C=COPY,I=INQUIRE,M=MODIFY,R=RELEASE,U=UNRELEASE OR H=HOLD
PAYMENT/ STATUS
SEL INVOICE  CD  CLIENT NAME      DATE      PROVIDER NO PROVIDER NAME  AMOUNT
- 000002858 P TRUST, JOHN      06/30/2006 0001001 001 MARY FOSTER
- 000002857 P TRUST, JOHN      06/30/2006 0001001 001 MARY FOSTER      71.00
- 000002856 P TRUST, JOHN      06/21/2006 0001001 001 MARY FOSTER      75.00
- 000002855 P TRUST, JOHN      06/21/2006 0001001 001 MARY FOSTER       3.00
- 000001886 I TRUST, JOHN      03/24/2004          MARY FOSTER       2.00
- 000001230 P TRUST, JOHN      07/31/2001 0001001 001 MARY FOSTER      442.68
- 000001218 P TRUST, JOHN      06/30/2001 0001001 001 MARY FOSTER      428.40
- 000001206 H TRUST, JOHN      11/30/2000 0001001 001 MARY FOSTER      385.56
- 000001194 P TRUST, JOHN      10/31/2000 0001001 001 MARY FOSTER      442.68
- 000001179 P TRUST, JOHN      09/30/2000 0001001 001 MARY FOSTER      428.40
- 000001166 P TRUST, JOHN      08/31/2000 0001001 001 MARY FOSTER      442.68
- 000001149 P TRUST, JOHN      07/31/2000 0001001 001 MARY FOSTER      422.84
PINK=PAYMENT ON HOLD, BLUE=DOC, YELLOW=TRUST ACCOUNT PAYMENT, VIEW ON TAED.

                                PATH:
  
```

- This screen displays a list of all client-based, unit-based payments whether invoiced or not, and whether contracted or non-contracted
- A worker also may search for a range of payments by entering selection criteria including provider number, status code, payment/invoice number, date span or by CAPS ID
- The worker assigned to the client must approve the payment on PAYA before a warrant can be released, issued and sent to the provider
- Central Office reviews payments approved by workers and releases payments to be paid; they are then sent to SABHRS. A STATUS CD of P means Posted to SABHRS; not paid
- This screen shows the status of the PAYMENT, not the status of the WARRANT. For status on a warrant, the worker needs to go to WRNH (Provider Warrant History)
- The colors you see on CBPL indicate the following:
  - Pink = payment has been placed on HOLD by Central Office
  - Dark Blue = payment is a DOC payment
  - Turquoise = payment is a DPHHS payment
  - Yellow = trust account payment – view on TAE/TAED screens

### CBPD - Client-Based Payment Detail

```

CAFSCBPD          CLIENT-BASED PAYMENT DETAIL          07/05/2006    15:52
USER ID : C74142SW MODIFY                                PAGE NO:    1
PAY NO: 000001134 STATUS: U UNAPPROVED DATE: 06/30/2000 TOTAL:    1,320.00
PROV NO: 0001003 001 NAME: YOUTH FOSTER HOME          CITY: HELENA
CAPS ID: 00001002 00 NAME: HOLLING, KYLE
CONTRACT: 0023FOSC0001 AMENDMENT: 000 TYPE: FOSC FOSTER CARE SERVICE
                                         INVOICE RECEIVED DATE:
TO SELECT, ENTER A=ADD, M=MODIFY(ADJUST), OR I=INQUIRE

```

SEL	LINE ITM	RATE	AMT OWED	SVC CODE	AMT PAID	PAYMENT PERIOD BEGIN DATE END DATE		UNIT NO	TYP
-	1	44.00	1,320.00	PTXL2	1,320.00	06/01/2000	06/30/2000	30	DAY
-								N	
-									

```

NOTIFY CENTRAL OFFICE: N                                CENTRAL OFFICE COMMENTS:
RELEASE:      BY:      DATE RELEASED:      RELEASER'S COMMENTS:
SHIFT+F1=ACCEPT

```

- This screen is used to view and adjust (until approval) the detailed payment information for a specific client and provider
  - If an adjustment is made on CBPD, the worker must use SHIFT+F1 to balance the payment. This also changes the status of the payment from INCOMPLETE back to UNAPPROVED so the worker can then approve the payment on PAYA
- The worker can adjust the payment up to the point the payment is released or posted
  - If the payment is in RELEASED or POSTED status, the worker needs to contact Central Office if a modification needs to be made
- To modify the payment (in unapproved status)
  1. Modify the END DATE and UNIT NO fields and press Enter.
  2. Type the number from the AMT OWED field in the TOTAL field (upper right corner) and press Enter.
  3. Shift F1 to balance and accept/confirm. Then access PAYA to approve.
- The system assigns the next available 'PAYMENT NUMBER' when a payment is created

*CELL – Client Eligibility List*

```

CAFSCCELL                                CLIENT ELIGIBILITY LIST                02/13/2009    9:59
USER ID : C74142SW                        PAGE NO: 001
CAPS ID : 00001011    00      NAME: GRIMMIS, BILL

TO DISPLAY, ENTER X: X ACTIVE ONLY      _ ACTIVE AND DELETED

TO SELECT, ENTER A=ADD, M=MODIFY, OR D=DELETE

   S  CD  START DATE  END DATE  STATUS  USER ID  LAST CHANGED
   -  --  -
   -  IVA  05/01/2005  04/30/2006  ACTIVE              09/30/2008
   -  IVE  04/01/2005  04/30/2005  ACTIVE              09/30/2008
   -  IVE  03/01/2005  03/31/2005  ACTIVE              09/30/2008
   -  IVE  02/01/2005  02/28/2005  ACTIVE              09/30/2008
   -  SGE  02/01/2005  08/08/2008  ACTIVE              09/30/2008
   -  IVA  05/01/2004  04/30/2005  ACTIVE              09/30/2008
   -  TXX  01/01/2001  99/99/9999  ACTIVE              09/30/2008
   -
   -
   -
   -
   -
   -

```

- This screen is used to INQUIRE, ADD, or MODIFY a client's eligibility information
  - "ACTIVE ONLY" or "ACTIVE AND DELETED" eligibility information can be displayed
- IV-E eligibility is not manually entered on the CELL screen. SCS staff type (IV-E Unit) can modify and/or delete client entered IV-E spans. SCS staff type (IV-E Unit) are the only workers who can add SG4 eligibility
- SSI staff type (SSI Unit) are the only workers who can add SSI eligibility
- SPE staff type (Program Bureau: Adoption) are the only workers who can add ADE eligibility
  - ADE cannot be added if the client does not have at least one SBE (subsidy eligibility) special need on the SPND (Special Needs Detail) screen
  - ADE cannot be added if the client does not have a finalized adoption placement on the ADOD (Adoption Detail) screen
  - ADE cannot be added if the client does not have an approved adoption AFDC relatedness determination on the DETL (IV-E Determination List) screen or an SSI span on the CELL screen that encompasses the ADE begin date
  - The ADE begin date cannot be less than the adoption finalization date
  - ADE will default to the client's 18<sup>th</sup> birthday but is modifiable to their 21<sup>st</sup> birthday

*IVEL – IV-E Reimbursability List*

```
CAFSIVEL          IV-E REIMBURSABILITY LIST      11/03/2008    9:23
USER ID : C72881   PAGE NO: 001
CAPS ID : 00001080 25  NAME: TEST, GUARDIANSHIP L JR
```

```
TO SELECT, ENTER I=INQUIRE, H=REASON CODE HISTORY (PENDING, SUSPENDED, DENIED)
TO DISPLAY, ENTER X: X ACTIVE ONLY      ACTIVE AND INACTIVE
                     IV-E BEGIN  IV-E END    UPDATE    UNRESOLVED  MORE UNRSLVD
SEL FLAG   DATE      DATE      DATE      REASONS      RSNS  STATUS
-   A      08/31/2003  99/99/9999  99/99/9999  FIN AGE      N    SUSPENDED
-   A      08/17/2001  08/17/2001  01/01/2006      N    PENDING
```

WHITE IV-E SPANS ARE INACTIVE IV-E SPANS

PATH:

- The screen will be in inquire mode at all times and is pageable
  - Default display will be ACTIVE ONLY. If ACTIVE ONLY is selected, only active IV-E spans will be displayed
  - Inactive IV-E spans will display in white and a message will appear at the bottom of the screen saying “white IV-E spans are inactive IV-E spans”
- A select code will be allowed to access the IVED (IV-E Reimbursability Detail) or IVRH (IV-E Reason Code History) screens
  - Selecting a span with an “I” will access IVED
  - Selecting a span with an “H” will access IVRH
  - Selecting a span with an “H” will only be allowed if the status is pending, suspended or denied
- The FLAG field will display an “A” or an “I” to indicate an active or inactive span
- The IV-E BEGIN/END DATE fields will display the IV-E begin/end dates
- The UPDATE DATE field will display the date the IV-E span was last updated
- The UNRESOLVED REASONS field will display up to five reasons why a span was suspended or denied

- The MORE UNRSLVD RSNS field will display a “Y” if there are more than five unresolved reasons
  - If there are five (or less) unresolved reasons, an “N” will display
  - Reasons will display in the following order: CRT, PPH, LIC and then any additional unresolved reasons
- The STATUS field will display the current status of the IV-E span (pending, approved, suspended or denied)



*IVED – IV-E Reimbursability Detail*

```
CAFSIVED                IV-E REIMBURSABILITY DETAIL        03/04/2009    9:54
USER ID: C72881
CAPS ID: 00001438   47 NAME: BLACKWELL, HANNAH

IV-E BGN DATE :          IV-E END DATE:          IV-E UPDT DATE:
INACTIVE DATE :          ACTIVE FLAG :          REASON:
CHILD MEETS AFDC RELATEDNESS CRITERIA: Y   FINANCIAL MONTH: 07/2007
IF NO, REASON FOR DENIAL:
CHILDS AGE: 2   BIRTH DATE: 01/01/2007   EXPECTED TO GRAD BY AGE 19:
-- COURT DETAIL INFORMATION --
DOES THE AGENCY HAVE PLACEMENT AND CARE RESPONSIBILITY?: Y
EFFECTIVE DATE: 01/01/2007   END DATE: 99/99/9999
PRNTL/YTH AGREEMENT EXISTS:   EFFECTIVE DATE:   END DATE:
CONTRARY TO WELFARE EXISTS: Y   DATE: 01/01/2007
REASONABLE EFFORTS EXIST: Y   DATE: 01/01/2007 OR
REASONABLE EFFORTS NOT REQUIRED:   DATE:
-- PERMANENCY FINDINGS --
LAST PF DATE:   NEXT PF DATE: 01/01/2008
-- PROVIDER LICENSE INFORMATION --
PLACEMENT PROVIDER/FACILITY: 0001161 001   NAME: OVERLIMIT HOUSE
PLACEMENT TYPE: F   STATUS: AT   LICENSE TYPE: YFH   STATUS: REG
LICENSE EFFECTIVE DATE: 01/01/2007   END DATE: 12/31/2008

PATH:
```

- IVED can be accessed directly by typing in the PATH or by selecting a particular IV-E span from the IVEL screen
- IVED will display the information that is currently in the system if the screen is accessed directly or will display the information that was in the system at the time the IV-E span was created if IVED is accessed by selecting a span from IVEL
- IV-E span information and AFDC relatedness information will be displayed at the top of the screen
  - Other information includes COURT DETAIL INFORMATION, PERMANENCY FINDINGS and PROVIDER LICENSE INFORMATION
- The IF NO, REASON FOR DENIAL field will display the denial reason if the most recent AFDC relatedness determination was denied on DETL when the screen is accessed directly or the denial reason from the denied AFDC relatedness determination at the time the IV-E span was created if IVED is accessed by selecting a span from IVEL
  - If denial was for non-financial reasons, this field will display the BYPASS REASON entered on the determination
  - If denial was for being over net monthly income, this field will display NI
  - If denial was for being over gross monthly income, this field will display GI
  - If denial was for no deprivation, this field will display DP
  - If denial was for no citizenship, this field will display NU

- If denial was for no specified relative, this field will display SP
  - If denial was for exceeding resources, this field will display RS
- In order for the DOES THE AGENCY HAVE PLACEMENT AND CARE RESPONSIBILITY? field to display a “Y”, the client must have an active court disposition of AFD, EPS, GSP, LTC, PLC, RPA, TCT, TIA, TIE, TLC, TLE or WRD

*IVRH – IV-E Reason Code History*

CAFSIVRH		IV-E REASON CODE HISTORY		01/05/2009	9:48
USER ID: C72881		INQUIRE		PAGE NO: 001	
CAPS ID: 00001425		00 NAME: SCHRAPPS, CONNOR			
IV-E BEGIN DATE : 01/01/2006 IV-E END DATE : 99/99/9999 STATUS : PENDING					
REASON	DATE REASON ADDED	DATE REASON RESOLVED	ACTUAL BEGIN DATE	ACTUAL END DATE	
PPH	01/01/2006		01/01/2006	99/99/9999	
CRT	01/01/2006		01/01/2006	99/99/9999	
ADC	01/01/2006		01/01/2006	99/99/9999	
CTW	01/01/2006		01/01/2006	99/99/9999	
REF	01/01/2006		01/01/2006	99/99/9999	
INT	01/01/2006		01/01/2006	99/99/9999	
					PATH: █

- IVRH must be accessed by selecting an existing IV-E span from the IVEL screen
- The IV-E BEGIN/END DATE fields will display the IV-E begin/end dates
- The STATUS field will display the current status of the IV-E span (pending, approved, suspended or denied)
- The REASON field will display the reason the IV-E span is pending, suspended or denied
- The DATE REASON ADDED/RESOLVED fields will display the date the reason was created/resolved.
- The ACTUAL BEGIN/END DATE fields will display the reason actual start/end date
- The hierarchy of reason codes is CRT, PPH and LIC, followed by any additional reason codes.

*MIHL – Medicaid Issuance History List*

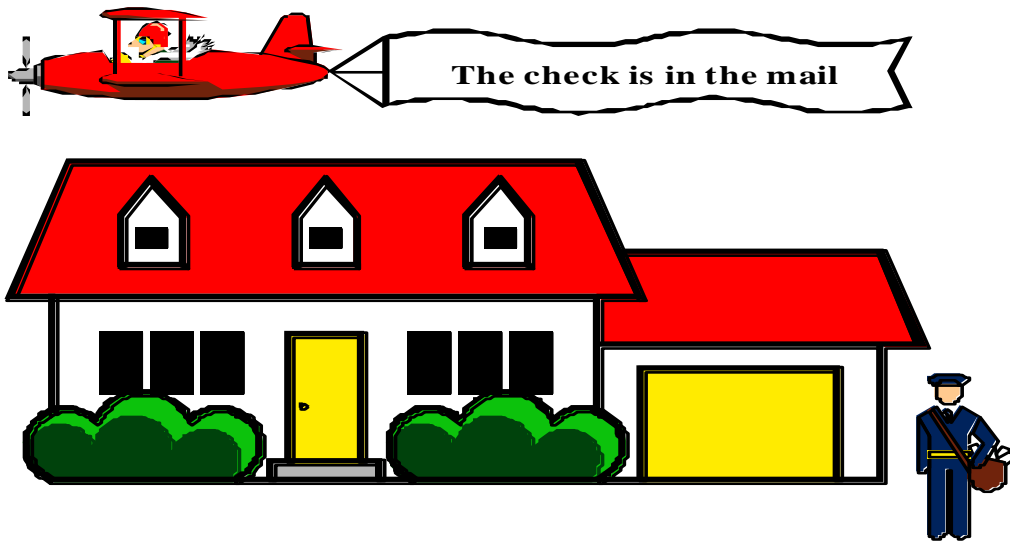
```
CAFSMIHL      MEDICAID ISSUANCE HISTORY LIST      10/07/2009      16:02
USER ID       : CS4566
CAPS ID       : 00398495  00      NAME: BRADFORD, ALEX M
CHIMES ID     : 1502953
```

Y INDICATES MEDICAID ISSUANCE FOR THE MONTH

YEAR	MONTH											
	01	02	03	04	05	06	07	08	09	10	11	12
2009	Y	Y	Y	Y	Y	Y	Y	Y	Y			
2008											Y	Y

PATH:

- The CHIMES ID and Medicaid issuance that is received from CHIMES will display.
- If the client received any Medicaid issuance on CHIMES, a YEAR will display and the MONTH will be set to “Y”.
- Medicaid issuance information will interface until the client’s 21<sup>st</sup> birthday.
- The screen will display up to 10 years of issuance history.



## WARRANTS

PA-04

- Detailed payment information for specific warrants and specific clients
- The ability to view warrants that have been paid to a specific provider
- The batch jobs to create warrants are run:
  - The evening of the 3<sup>rd</sup> business day
  - The evening of the 6<sup>th</sup> business day
  - Every Wednesday evening

WRNH - Provider Warrant History

CAFSWRNH		PROVIDER WARRANT HISTORY		07/05/2006 15:57			
USER ID : C74142SW				PAGE NO: 1			
PROV NO : 0001001 001		PROV NAME: YOUTH FOSTER HOME					
BEGIN DATE: 07/2006		END DATE: 07/2006		CUMULATIVE PAYMENTS: 218,276.35			
TO SELECT, ENTER I=INQUIRE OR M=MODIFY							
		ISSUE	SBAS	WARRANT	WARRANT	STATUS	WARRANT
SEL	FAC	DATE	DOC NO	NUMBER	STATUS	DATE	AMOUNT
-	001		2000001		PEND	02/05/2000	1,359.68
-	001		2000002		PEND	03/05/2000	1,408.24
-	001		2000004		PEND	03/31/2000	793.60
-	001		2000009		PEND	03/31/2000	1,032.00
-	001		2000010		PEND	02/29/2000	400.00
-	001		2000011		PEND	02/29/2000	120.00
-	001		2000013		PEND	03/07/2000	2,302.14
-	001		2000014		PEND	03/07/2000	6,408.69
-	001		2000016		PEND	03/08/2000	752.68
-	001		2000018		PEND	03/08/2000	2,270.18
-	001		2000023		PEND	04/30/2000	444.00
-	001		2000024		PEND	07/31/2000	40.00
-	001		2000025		PEND	10/05/2000	622.84
-	001		2000027		PEND	10/05/2000	38.28
FS900001 NEW INFORMATION DISPLAYED						. PATH: █	

- This screen displays a list of all warrants that have been paid to a specific provider
- The list displays payments for Client-Based Invoices, Contracted Services Invoices, Trust Account Expenditures, Emergency Warrants, and Overpayment Recovery
- The worker will be able to view all the warrants for all the Facilities of a Provider

WRND - Provider Warrant Detail

```

CAFSWRND          PROVIDER WARRANT DETAIL          07/05/2006   15:57
USER ID : C74142SW INQUIRE          PAGE NO: 1
PROV NO : 0001001 001          PROV NAME: YOUTH FOSTER HOME

ISSUE      SBAS      WARRANT      WARRANT      STATUS      WARRANT
DATE      DOC NO    NUMBER      STATUS      DATE      AMOUNT
          2000014    PENDING    PENDING    03/07/2000    6,408.69

EFT TRANS ROUTING NO:          BANK ACCOUNT NO:
ADDR: 3075 N MONTANA AVE
PAYMENT LINE CLIENT/CNTRCT
NUMBER ITEM      NUMBER      NAME      SVC      SERVICE      AMOUNT
000001045      1 00001015    JUVENILE, MIKE    PFRS1 01/2000    12.14
000001048      1 00001016    KID, PROBATION    PFSSI 01/2000    447.20
000001058      1 00001013    JUVENILE, ANN     PFRS1 02/2000    439.93
000001061      1 00001014    JUVENILE, MARY    PFRS1 02/2000    352.06
000001074      1 00001013    JUVENILE, ANN     PFRS1 03/2000    470.27
000001077      1 00001014    JUVENILE, MARY    PFRS1 03/2000    376.34
000001080      1 00001012    JUVENILE, JOE     PFRS1 03/2000    470.27
000001090      1 00001013    JUVENILE, ANN     PFRS1 04/2000    455.10
000001092      1 00001016    KID, PROBATION    PFSSI 04/2000    516.00
000001093      1 00001014    JUVENILE, MARY    PFRS1 04/2000    364.20
000001096      1 00001012    JUVENILE, JOE     PFRS1 04/2000    455.10
REPORT DATES: FROM:          TO:
FS900001 NEW INFORMATION DISPLAYED          . PATH:
  
```

- The Provider Warrant Detail screen displays the detailed payment information for the specific warrant that was selected on the WRNH (Provider Warrant History) screen
- When the service is for a specific client, the CAPS ID will appear in the CLIENT/CONTRACT NUMBER field and the client's name will appear in the NAME field
  - When there is not a specific client, the contract number will appear in the CLIENT/CONTRACT NUMBER field and Service Code Description will be displayed in the NAME field

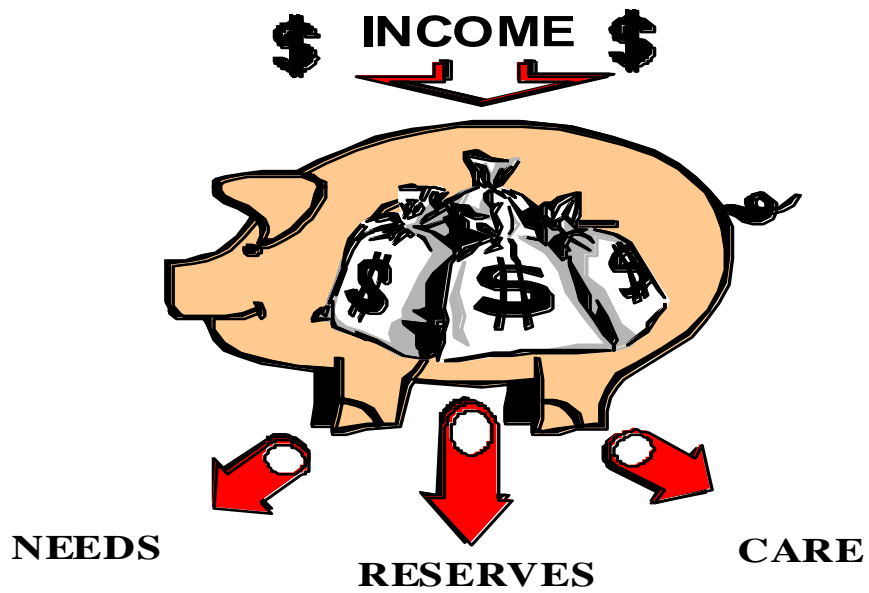
# **TRUST ACCOUNTS**

**Trust Account Expenditure Requests**

**Income/Expenditure History**



# TRUST ACCOUNTS



PA-03

- System approvals and automatic alerts
- Instant expenditure and account histories
- The ability to view a client's Trust Account Income/Money

*T A E L - Trust Account Expenditure List*

```
CAFSTAEI                TRUST ACCOUNT EXPENDITURE LIST              06/13/2011   11:14
USER ID : C84142                                PAGE NO:    1
CAPS ID : 00002120      25      NAME: FISCHER, DAWNNA

TOTAL:        600.00 RESERVE:          75.00 C OF C:       500.00 MN RSRV:         25.00
AMOUNT TRANSFERRED TO SEARCHS:

TO SELECT, ENTER I=INQUIRE, M=MODIFY, D=DELETE
--REQUEST--      --FIRST ITEM-- --TOTAL--      --APPROVAL--
SEL  PAY-NO     DATE       ID    TYPE  DESCRIPT  AMOUNT  DATE       ID    STS
_    000000096   01/01/05 C7TR20 SPNDS PERSONAL      50.00 06/13/11 CS4566  U
_
_
_
_
_
_
_
_
_
_
REPORT DATES: FROM:                  TO:

                                           PATH:
```

- This screen displays a **list of all requested and actual expenditures from a client's trust account**
- Expenditures can only be created if there is money in the RESERVE
  - When there is no money in RESERVE and an expenditure request is made, an error message will be displayed on TAED (Trust Account Expenditure Detail), saying **NO MONEY IS AVAIL IN TRUST ACCOUNT RESERVE FOR THIS CLIENT**
- The most recent approval that has been given will be listed in the approval section
- A worker can not make any changes to the Balance, Reserve, Cost of Care or Medically Needy Reserve
- Central Office staff will enter any funds transferred to SEARCHS and any monthly medical spend down amounts

*TAED - Trust Account Expenditure Detail*

```
CAFSTAED          TRUST ACCOUNT EXPENDITURE DETAIL      06/13/2011    11:16
USER ID : C84142   MODIFY
CAPS ID : 00002120   25   NAME: FISCHER, DAWNNA

CURRENT RESERVE BALANCE:          75.00 EXPENDITURE REQUEST AMOUNT:          50.00
PAYEE: PROV:          FISCHER, DAWNNA
                OR          1045 N MONTANA AVE          IND WRNT?
                CAPS ID: 00002120   HELENA          MT   59601 - 3575
TO SELECT, ENTER A=ADD, D=DELETE, M=MODIFY, OR I=INQUIRE

                SERVICE
S TYPE  DESCRIPTION  AMOUNT  MM/YEAR  S TYPE  DESCRIPTION  AMOUNT  MM/YEAR
_ SPNDS  PERSONAL NE    25.00  12/2004  _ STRNT  SPECIAL TRA    25.00  12/2004
COMMENTS: CLOTHING AND BUS FARE

WORKER   :          C7TR20   TWENTY, TRAINEE          DATE REQUESTED: 01/01/2005
APPROVAL: A   BY: CS4566   REYNOLDS, MARY          DATE APPROVED : 06/13/2011
ADMIN    :          BY:          DATE APPROVED :
RELEASE  :          BY:          DATE APPROVED :
CO CMNT  :

SHIFT+F1=ACCEPT

                PATH:
```

- This screen will be used by workers **to request and approve disbursements from a specific client's Trust Account**
- Trust Account Reserve Balance is the current reserve balance less any pending expenditure requests
  - All payees must be in the system as providers, unless the payee is the client
- A warrant is generated when the final approval is made and Central Office has released it
- Expenses will not be paid if the balance of the reserve is zero
  - Expenses will not be paid out of the cost of care allocation
- A Trust Account can be closed only if the balance is zero after all pending expenditures are approved
- Comments should be entered for vague expenditure items (such as "personal needs") to clarify what the funds are being requested for.
- If the IND WRNT flag is marked with a "Y", a separate check will be sent to the payee for this payment only and will not be combined with any other payments.

TAHL - Trust Account History List

CAFSTAHL		TRUST ACCOUNT HISTORY LIST			07/05/2006	13:44
USER ID : CS4566		INQUIRE			PAGE NO: 1	
CAPS ID : 00001005		00	NAME: TRUST, JOE			
TO SELECT, ENTER I=INQUIRE		BEGIN DATE: 01/01/2000		END DATE: 07/05/2006		
SEL	MM/YEAR	BEG BALANCE	INCOME	EXPENDITURES & BAL ADJS	COST OF CARE	END BALANCE
—	01/2000	-34.45	0.00	0.00	0.00	-34.45
—	02/2000	-34.45	0.00	0.00	0.00	-34.45
—	03/2000	-34.45	0.00	-200.00	0.00	-234.45
—	04/2000	-234.45	0.00	0.00	0.00	-234.45
—	05/2000	-234.45	0.00	0.00	0.00	-234.45
—	06/2000	-234.45	0.00	0.00	0.00	-234.45
—	07/2000	-234.45	3,000.00	0.00	-716.77	2,048.78
—	08/2000	2,048.78	0.00	0.00	-575.82	1,472.96
—	09/2000	1,472.96	0.00	0.00	0.00	1,472.96
—	10/2000	1,472.96	0.00	0.00	0.00	1,472.96
—	11/2000	1,472.96	0.00	0.00	0.00	1,472.96
—	12/2000	1,472.96	0.00	0.00	0.00	1,472.96
=====						
PERIOD TOTALS:			4,250.00	-730.00	-1,162.34	
FS900001 NEW INFORMATION DISPLAYED . PATH: █						

- This screen displays a **month by month summary of all activity in a specific client's Trust Account**
- The INCOME column information is the total of what was recorded on the Trust Account
- The EXPENDITURES information comes from what was approved on the TAED (Trust Account Expenditure Detail) screen for the client for the month
- The COST OF CARE information reflects money which as been removed from the client's Trust Account to offset state Cost of Care expenses

*TAHD - Trust Account History Detail*

CAFSTAH		TRUST ACCOUNT HISTORY DETAIL				06/15/2009		14:24	
USER ID : CS4566		INQUIRE				PAGE NO:		1	
CAPS ID : 00001005		00		NAME: TRUST, JOE					
EXPENDITURES									
MONTH	BEGIN BALANCE	INCOME	& BAL ADJS		COST OF CARE		END BALANCE		
05/2009	2,415.14	0.00	-150.00		-566.08		1,699.06		
DATE	TYPE	DEPOSIT ID	PAYMENT NUMBER	TYPE	INCOME/EXPENDITURE DESCRIPTION		AMOUNT		
05/08/09	FR						-1,984.36		
05/08/09	TC						1,984.36		
05/22/09	EO		000003872	SPNDS	PERSONAL NEEDS-INCLUDE		-50.00		
05/22/09	EO		000003874	SPNDS	PERSONAL NEEDS-INCLUDE		-100.00		
05/22/09	TR						434.61		
05/22/09	FC						-434.61		
05/22/09	CA		000003873				-566.08		
FS900001 NEW INFORMATION DISPLAYED									
. PATH: ■									

- This screen lists the **detail of activity in a client's Trust Account for a specific month**
- Each Trust Account activity is displayed, along with its activity
- MEDICAL SPEND DOWN information can be identified through the code of "MN"  
(Located in the TYPE field)

#### *AFCARS TIMELINESS ERRORS*

### **AFCARS = Adoption Foster Care Analysis Reporting System**

The CAPS system submits information to the ACF (Administration for Children and Families) AFCARS system for statistical purposes.

AFCARS checks to make sure that certain information in CAPS has been entered in a timely manner. If the information is not entered in a timely manner, AFCARS flags it as a timeliness error, and the State of Montana can be penalized by having federal monies withheld.

The following can create a timeliness error:

1. If the removal service information is entered on SERN more than 60 days after the removal actually took place.  
EXAMPLE: Removal actually took place on 01/01/2008  
Removal not entered on system until 03/15/2008
2. If the placement exit information is entered on PLAD more than 60 days after the exit actually took place.  
EXAMPLE: Placement actually ended on 01/01/2008  
Placement exit date not entered until 03/15/2008
3. On IARL/IARD, a FCR (Foster Care Review) or a PER (Periodic Review) must be entered in the system every six months.
4. For Youth Court/DOC clients, all of these timeliness errors apply, with the exception of detention placements.

## *GENERAL INFORMATION*

### **UPDATES**

There will be changes to the system. For example, a field on a screen may change or there may be additions to one of the code tables. These changes will be communicated to you through the MAIN MENU system update information field. To access the information, position the cursor in the field, then press F1. **It is important to read these messages as they contain information about these system changes!**

### **ABENDS**

If you ABEND (**AB**normal **END**ing), call it into the Northrop Grumman/CAPS Help Desk right away to record it. An ABEND is not your fault or error. The system should not ABEND if it is operating correctly. If you make an error the system should give you a message stating that you aren't allowed to do this, it should not ABEND. To exit the abend screen, press F3 until you get back to the State of Montana menu and you can re-access CAPS.

### **PAYMENT FOR LAST DAY**

CAPS does not pay for the last day of placement. For example, if the foster care was closed on February 28, February 28 (the last day) is not paid, with ONE exception: when the first day and the last day are the same, one day will be paid. For example, if a client was placed in care the morning of February 10 and left care the night of February 10, you can enter the open date as February 10 and the close date as February 10 and one day will be paid.

### **ALERTS**

Alerts are generated automatically in CAPS to notify you of actions that must be taken for specific clients. You can also create your own alerts to remind yourself of upcoming actions to be taken such as establishing medical appointments, opening and authorizing services such as clothing allowances, or reminding yourself of some other action you may want to take. **IT IS IMPORTANT TO CHECK YOUR ALERTS ON A DAILY BASIS!**

## PROCEDURE FOR CLOSING A CLIENT

In order to close a specific client and remove them from your caseload list, the following must be done:

- 1) All services on SERL (Services List) must be closed (including non-payable services and removals)
- 2) All placements on CPHL (Client Placement History List) must be closed
- 3) The initial assessment (INA) on IARL/IARD must have been approved by your supervisor
- 4) All payments associated with that client must have been approved  
*\*\*NOTE: you may receive a message when trying to close that you can't because there are payments, and when you look on PAYA (Payment Approval List) you can't find any payments. Usually, this is because there are invoices associated to that client that providers haven't returned. Notify Central Office and they can assist you with these payments.\*\**
- 5) If the client has a trust account, the trust account must be closed. If there is a balance, an expenditure request will have to be made to refund the balance to the appropriate party (client, social security, child support, etc.) Notify Central Office and they can assist you with the trust account.
- 6) A closure review (CLO) must be added to IARL/IARD. The client will remain on your caseload list (CSLL) until the closure review has been approved by your supervisor!



*ALPHABETICAL SCREEN LIST*

ACMD	Address/Contact Maintenance Detail
ACML	Address/Contact Maintenance List
ACTD	Activity Detail
ACTL	Activity List
ACT2	Activity Detail 2
ADDD	Address Detail
ADDL	Address List
ADJD	Adjustments Detail
ADOD	Adoption Detail
AKAD	Person Name AKA Detail
ALER	Alerts
ALRD	Alert Maintenance Detail
APPD	SSI Application Detail
APPL	SSI Application List
APRD	Absent Parent Resolution Detail
AXED	Assignments/Transfers Detail
BSAE	Building Skills Evaluation
BSAS	Building Skills Plan Summary
CBAD	Contracted Budget Adjustments Detail
CBPD	Client Based Payment Detail
CBPL	Client Based Payment List
CCRD	CCUBS Interface Resolution Detail
CCR2	CCUBS Interface Resolution Detail 2
CDRD	CSED Deposit Resolution Detail
CDRL	CSED Deposit Resolution List
CELL	Client Eligibility List
CFAD	Contracted Funding Adjustments Detail
CID1	Centralized Intake Detail 1
CID2	Centralized Intake Detail 2
CLFD	Client Funding Detail
CLID	Client Detail
CLPD	Client Payment Detail
CLPH	Client Payment History
CLTD	Client Types Detail
CLTL	Client Types List
CMPL	Client Monthly Payment List

CONB	Contract Budget
CONC	Contract Costs
COND	Contract Detail
CONF	Contract Funding
CONI	Contract Inquiry
CONL	Contract List
CONM	Contract Menu
CON2	Contract Detail 2
CON3	Contract Detail 3
CON4	Contract Detail 4
COPD	Contracted Payment Detail
COPL	Contracted Payment List
COTL	Code Table Lookup
CPBD	Contracted Payment Budget Detail
CPFD	Contracted Payment Funding Detail
CPHL	Client Placement History List
CREI	CPS Removal Eligibility Information
CRTD	Court Detail
CRTL	Court List
CSCD	Child Support Child-In-Foster-Care Detail
CSDL	CSED Deposit List
CSED	Child Support Enforcement Referral Detail
CSFD	Child Support Father Detail
CSF2	Child Support Father Detail 2
CSLL	Caseload List
CSMD	Child Support Mother Detail
CSM2	Child Support Mother Detail 2
CTMD	County Table Maintenance Detail
DEEM	IV-E Deemed Income Worksheet
DETL	IV-E Determination List
EARD	Emergency Assistance Request Detail
EAR2	Emergency Assistance Request Detail 2
EAWD	Emergency Assistance Services To Be Provided
EDHL	Education History
EMPL	Employment History
EVEL	Event List
EVTD	Event Maintenance Detail
FACD	Facility Detail

FALD	Facility Approval/Licensing Detail
FALL	Facility Approval/Licensing List
FARD	Facility Approval Requirement Detail
FARL	Facility Approval Requirement List
FASD	Facility Assessment Detail
FASL	Facility Assessment List
FCLL	Facilities Caseload List
FIID	Financial Institution Maintenance Detail
FIIL	Financial Institution Maintenance List
FIND	Financial Information Detail
FINL	Financial Information List
FINS	IV-E Financial Summary
FSCD	Funding Source Code Maintenance Detail
FSCL	Funding Source Code Search
FSPL	Facility Services Provided List
GARD	Guardianship Detail
GRSL	Group Services List
HOUL	IV-E Household List
IARD	Initial Assessment and Review Detail
IARL	Initial Assessment and Review List
ICAD	Interstate Compact Action Detail
ICPD	Interstate Compact Detail
ICPL	Interstate Compact List
ICWD	ICWA Detail
INCL	IV-E Income List
INTM	Interface Menu
IVED	IV-E Reimbursability Detail
IVEL	IV-E Reimbursability List
IVRH	IV-E Reason Code History
JDET	Detention Placement Detail
JJPD	Juvenile Justice Placement Detail
LICH	Placement License History
LINK	Problem/Task Link
MAIN	Main Menu
MDTD	Medication/Treatment Detail
MEDS	Medical Summary
MIHL	Medicaid Issuance History
MIPD	Minors In Possession Detail

MMHD	Medical/Mental Health Detail
NADE	Non-DFS Adoption Data Entry
OPAR	Overpayment Recovery
ORAD	Overpayment Recovery Activity Detail
PADD	Provider/Facility Address Detail
PADL	Provider/Facility Address List
PAFD	Payment Funding Detail
PAKD	Provider/Facility AKA Detail
PASL	Provider Active Services List
PAYA	Payment Approval List
PAYM	Payments Menu
PBID	Provider Banking Detail
PERD	Person Detail
PERL	Person List
PERS	Person Search
PFAD	Payment Funding Adjustment Detail
PIGD	Provider Information (General) Detail
PLAD	Placement Detail
PLSH	Placement Status History
PPHD	Permanency Plan Hearing Detail
PPHL	Permanency Plan Hearing List
PPLM	Permanency Plan Menu
PRCD	Provider Contact Detail
PRCL	Provider Contact List
PREL	Provider Event List
PRFL	Provider/Facility List
PRID	Private Insurance Detail
PRIM	Provider Menu
PROB	Problem Detail
PROD	Provider Detail
PROE	Provider Entry
PROL	Provider List
PROS	Provider Search
PRPD	Provider Person Detail
PRPH	Provider Placement History
PRPL	Provider Person List
PRRL	Provider Rate List
PRTD	Provider Training Detail

PRTL	Provider Training List
PSNM	Person Identification Menu
PTID	Provider Tax Identification Detail
RBCL	Report Background Check List
REDW	IV-E Deprivation Re-determination Worksheet
RELD	Relationship Detail
RELL	Relationship List
RESL	IV-E Resource List
RESO	Client-Person Resolution Detail
RRD1	Report/Request Intake Detail 1
RRD2	Report/Request Intake Detail 2
RRD3	Report/Request Intake Detail 3
RRRL	Report/Request List
RRRM	Report/Request Menu
SATD	Supervisor Approval Task Detail
SCMD	Service Code Maintenance Detail
SCML	Service Code Maintenance List
SEAL	See All Client Screens
SECM	Security Maintenance
SEIH	In-Home Services
SERL	Services List
SERM	Services Menu
SERN	Service Detail: Non-Payable
SERP	Service Detail: Payable
SIID	SEARCHS Initial Inquiry Detail
SIRD	SEARCHS Interface Resolution Detail
SIR2	SEARCHS Interface Resolution Detail 2
SPND	Special Needs Detail
SPTK	Supervisory Task List
SSJD	Supplemental Services Justification Detail
STFL	Staff List
SYSD	SYSNO Detail
TABA	Trust Account Balance Adjustments
TABD	Code Table Maintenance Detail
TABL	Code Table Maintenance List
TACL	Trust Account Check List
TAED	Trust Account Expenditure Detail
TAEL	Trust Account Expenditure List

TAHD	Trust Account History Detail
TAHL	Trust Account History List
TASK	Task Detail
TIDL	Trust Income Document List
TIID	TEAMS Initial Inquiry Detail
TIRD	TEAMS Interface Resolution Detail
TRAM	Trust Account Menu
TRND	Transfer Type Code Maintenance Detail
TRNL	Transfer Type Code Search
USMD	User Maintenance Detail
USML	User Maintenance List
UTLM	Utilities Menu
WMSG	Warning Message
WOPM	Workplan Menu
WRND	Provider Warrant Detail
WRNH	Provider Warrant History